ABBINGTON REHAB & NURSING CTR
31 WEST CENTRAL
ROSELLE, IL. 60172

Reference Numbers Facility ID 6000020
Health Service Area 007 Planning Service Area 703

Administrator
Teri Schultz

Contact Person and Telephone
TERI SCHULTZ
630-894-5058

Date Completed
3/18/2014

Registered Agent Information
Abraham J. Stern
105 Wacker Dr.
Chicago, IL 60606

Life Care Facility

Building	Reported Age
Building 1	39
Building 2	29
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	65
Total Admissions 2013	162
Total Discharges 2013	168
Residents on 12/31/2013	59

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	23
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	14
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	82	82	70	82	59	23	19	74
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	82	82	70	82	59	23	19	74

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2690	38.8%	19959	73.9%	0	0	1945	0	24594	82.2%	82.2%
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	2690	38.8%	19959	73.9%	0	0	1945	0	24594	82.2%	82.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	4	6	0	0	0	0	0	0	4	6	10
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	7	9	0	0	0	0	0	0	7	9	16
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	6	5	0	0	0	0	0	0	6	5	11
TOTALS	25	34	0	0	0	0	0	0	25	34	59

ABBINGTON REHAB & NURSING CTR
31 WEST CENTRAL
ROSELLE, IL. 60172

Classification Numbers

License Number	6000020	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	43	0	0	9	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	43	0	0	9	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	3	0	0	0	3
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	3	0	0	0	3
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	3.00
Certified Aides	19.00
Other Health Staff	2.00
Non-Health Staff	19.00
Totals	51.00

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
20.2%	70.7%	0.0%	0.0%	9.2%	100.0%		
819,187	2,872,258	0	0	372,415	4,063,860	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ABBOTT HOUSE LLC
405 CENTRAL AVENUE
HIGHLAND PARK, IL. 60035

Reference Numbers Facility ID 6000038
Health Service Area 008 Planning Service Area 097

Administrator
Ivy Fishman

Contact Person and Telephone
IVY FISHMAN
847-432-6080

Date Completed
4/2/2014

Registered Agent Information

Life Care Facility

Building	Reported Age
Building 1	60
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	98
Total Admissions 2013	40
Total Discharges 2013	35
Residents on 12/31/2013	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	104
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	104

Total Residents Diagnosed as Mentally Ill 104

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	106	105	106	104	2	0	106
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	106	106	105	106	104	2	0	106

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	33667	87.0%	976	0	2605	0	37248	96.3%	96.3%
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	0	0.0%	33667	87.0%	976	0	2605	0	37248	96.3%	96.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	11	8	0	0	0	0	0	0	11	8	19
45 to 59	24	23	0	0	0	0	0	0	24	23	47
60 to 64	7	11	0	0	0	0	0	0	7	11	18
65 to 74	9	9	0	0	0	0	0	0	9	9	18
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	52	52	0	0	0	0	0	0	52	52	104

ABBOTT HOUSE LLC
405 CENTRAL AVENUE
HIGHLAND PARK, IL. 60035

Classification Numbers

License Number	6000038	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	96	3	0	5	0	104
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	96	3	0	5	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	0	104

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	4.00
Certified Aides	16.00
Other Health Staff	6.00
Non-Health Staff	19.00
Totals	52.00

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
0.0%	86.9%	2.9%	0.0%	10.1%	100.0%		
0	3,937,508	132,485	0	459,488	4,529,481	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ABERDEEN TERRACE
4029 ABERDEEN
ALTON, IL. 62002

Reference Numbers Facility ID 6013932
Health Service Area 011 Planning Service Area 119

Administrator
James Haney

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Aberdeen Terrace	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	3

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	3
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	3

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	3	1		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	3	1	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			1298	88.9%	0	0	0	0	1298	88.9%	88.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1298	88.9%	0	0	0	0	1298	88.9%	88.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	1	0	1
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	3	0	0	0	3	0	3

ABERDEEN TERRACE
4029 ABERDEEN
ALTON, IL. 62002

Classification Numbers

License Number	6013932	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		3	0	0	0	0	3
Sheltered Care			0	0	0	0	0
TOTALS	0	3	0	0	0	0	3

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	210
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	3	0	3

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	3	0	3
Ethnicity Unknown	0	0	0	0	0
Total	0	0	3	0	3

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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	313,136	0	0	0	313,136	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ABINGTON OF GLENVIEW
3901 GLENVIEW ROAD
GLENVIEW, IL. 60025

Reference Numbers Facility ID 6012595
Health Service Area 007 Planning Service Area 702

Administrator
Marilyn Novak

Contact Person and Telephone
JONATHAN DIXON
847-729-0000 ext. 103

Date Completed
4/1/2014

Registered Agent Information
James M. Mainzer
180 N. LaSalle, Suite 3300
Chicago, IL 60601

Building		Reported Age
Building 1	Abington of Glenview (single buil	24
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	119
Total Admissions 2013	869
Total Discharges 2013	882
Residents on 12/31/2013	106

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	18
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	43
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	106

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	192	175	138	175	106	86	100	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	192	175	138	175	106	86	100	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14920	40.9%	0	0.0%	0	1987	24306	0	41213	58.8%	64.5%
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	14920	40.9%	0	0.0%	0	1987	24306	0	41213	58.8%	64.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	12	18	0	0	0	0	0	0	12	18	30
75 to 84	12	26	0	0	0	0	0	0	12	26	38
85+	5	31	0	0	0	0	0	0	5	31	36
TOTALS	29	77	0	0	0	0	0	0	29	77	106

ABINGTON OF GLENVIEW
3901 GLENVIEW ROAD
GLENVIEW, IL. 60025

Classification Numbers

License Number	6012595	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	0	0	2	64	0	106
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	40	0	0	2	64	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	310	230
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	105	0	0	0	105
Ethnicity Unknown	0	0	0	0	0
Total	106	0	0	0	106

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	2.00
Certified Aides	26.00
Other Health Staff	4.00
Non-Health Staff	60.00
Totals	107.00

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
57.9%	0.0%	0.0%	4.1%	38.0%	100.0%		
8,081,696	0	0	567,353	5,301,232	13,950,281	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ADDOLORATA VILLA
555 MCHENRY ROAD
WHEELING, IL. 60090

Reference Numbers Facility ID 6000046
Health Service Area 007 Planning Service Area 701

Administrator
Brian Celerio

Contact Person and Telephone
Brian Celerio
847-403-5567

Date Completed
4/4/2014

Registered Agent Information
CT Corporation
208 S. LaSalle Street
Chicago, IL 60604

Continuing Care Retirement Community

Building		Reported Age
Building 1	Sheltered Care/Intermediate	64
Building 2	Independent Living	26
Building 3	Skilled Nursing	25
Building 4	Skilled Nursing Entrance/Therap	16
Building 5	Assisted Living/Memory Care	13

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	108
Total Admissions 2013	135
Total Discharges 2013	136
Residents on 12/31/2013	107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	5
Other Medical Conditions	25
Non-Medical Conditions	11
TOTALS	107

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	92	98	90	8	88	30
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	43	31	26	31	17	26		
TOTAL BEDS	141	129	118	129	107	34	88	30

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3654	11.4%	4911	44.8%	0	228	22922	0	31715	88.7%	88.7%
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	9728	870	10598	67.5%	93.7%
TOTALS	3654	11.4%	4911	44.8%	0	228	32650	870	42313	82.2%	89.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	2	0	0	0	0	0	1	3	3	6
75 to 84	4	20	0	0	0	0	0	7	4	27	31
85+	10	51	0	0	0	0	3	6	13	57	70
TOTALS	17	73	0	0	0	0	3	14	20	87	107

ADDOLORATA VILLA
555 MCHENRY ROAD
WHEELING, IL. 60090

Classification Numbers

License Number	6000046	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	12	0	0	68	0	90
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	13	4	17
TOTALS	10	12	0	0	81	4	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	325	288
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	160	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	17	106
Race Unknown	0	0	0	0	0
Total	90	0	0	17	107

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	1	2
Non-Hispanic	89	0	0	16	105
Ethnicity Unknown	0	0	0	0	0
Total	90	0	0	17	107

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	3.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	6.00
Certified Aides	39.00
Other Health Staff	13.00
Non-Health Staff	63.00
Totals	136.20

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
20.3%	7.0%	0.0%	1.2%	71.4%	100.0%		
2,108,898	728,971	0	126,156	7,412,392	10,376,417	33,910	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ADLOFF PLACE
50 ADLOFF LANE
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6013445
Health Service Area 003 Planning Service Area 167

Administrator
Dawn Blisset

Contact Person and Telephone
DAWN BLISSET
217-529-9632

Date Completed
4/3/2014

Registered Agent Information
CT Corporation System
208 South LaSalle Street Suite 814
Chicago, IL 60604

Building	Reported Age
Building 1 Adloff Place	22
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	3
Total Discharges 2013	3
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5260	90.1%	0	0	0	0	5260	90.1%	90.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5260	90.1%	0	0	0	0	5260	90.1%	90.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	4	0	0	5	4	9
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	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	0	0	0	0	7	7	0	0	7	7	14

ADLOFF PLACE
50 ADLOFF LANE
SPRINGFIELD, IL. 62703

Classification Numbers

License Number	6013445	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	148
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	10	0	10
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.33
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	0.00
Other Health Staff	13.25
Non-Health Staff	5.00
Totals	19.08

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	779,532	0	0	0	779,532	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ADMIRAL AT THE LAKE
933 WEST FOSTER AVENUE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6016406
Health Service Area 006 Planning Service Area 601

Administrator
Barbara Ries

Contact Person and Telephone
Barbara Ries

Registered Agent Information **Date Completed** 4/2/2014

Continuing Care Retirement Community

Building	Reported Age
Building 1 Harbors	2
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	0
Total Admissions 2013	41
Total Discharges 2013	25
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	36	36	22	36	16	20	36	2
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	36	36	22	36	16	20	36	2

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	544	4.1%	0	0.0%	0	23	1734	469	2770	21.1%	21.1%
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	544	4.1%	0	0.0%	0	23	1734	469	2770	21.1%	21.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	3	2	0	0	0	0	0	0	3	2	5
85+	3	7	0	0	0	0	0	0	3	7	10
TOTALS	6	10	0	0	0	0	0	0	6	10	16

ADMIRAL AT THE LAKE
933 WEST FOSTER AVENUE
CHICAGO, IL. 60640

Classification Numbers

License Number	6016406	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	0	0	0	11	0	16
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	0	0	0	11	0	16

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	15	0	0	0	15
Total	16	0	0	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	16	0	0	0	16
Ethnicity Unknown	0	0	0	0	0
Total	16	0	0	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	9.40
LPN's	0.00
Certified Aides	18.20
Other Health Staff	0.00
Non-Health Staff	6.40
Totals	36.20

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
48.7%	0.0%	0.0%	5.5%	45.8%	100.0%		
258,726	0	0	29,144	243,221	531,091	88,115	16.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ADVOCATE SOUTH SUBURBAN HOSPITAL
17800 SOUTH KEDZIE AVENUE
HAZEL CREST, IL. 60429

Reference Numbers Facility ID 6011720
Health Service Area 007 Planning Service Area 705

Administrator
Richard Heim

Contact Person and Telephone
KELLY O'HARA
708-213-3356

Date Completed
3/26/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	24
Total Admissions 2013	884
Total Discharges 2013	882
Residents on 12/31/2013	26

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	26

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	41	37	36	37	26	15	31	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	41	37	36	37	26	15	31	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6934	61.3%	0	0.0%	0	3529	0	0	10463	69.9%	77.5%
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	6934	61.3%	0	0.0%	0	3529	0	0	10463	69.9%	77.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	1	8	0	0	0	0	0	0	1	8	9
85+	3	7	0	0	0	0	0	0	3	7	10
TOTALS	7	19	0	0	0	0	0	0	7	19	26

ADVOCATE SOUTH SUBURBAN HOSPITAL
17800 SOUTH KEDZIE AVENUE
HAZEL CREST, IL. 60429

Classification Numbers

License Number	6011720	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	0	0	6	0	0	26
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	0	0	6	0	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	931	873
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	11	0	0	0	11
Race Unknown	0	0	0	0	0
Total	26	0	0	0	26

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	26	0	0	0	26
Ethnicity Unknown	0	0	0	0	0
Total	26	0	0	0	26

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	24.10
LPN's	0.00
Certified Aides	0.00
Other Health Staff	14.90
Non-Health Staff	2.10
Totals	42.10

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
47.5%	0.0%	0.0%	52.5%	0.0%	100.0%		
3,355,237	0	0	3,710,142	0	7,065,379	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALBANY CARE
901 MAPLE AVENUE
EVANSTON, IL. 60202

Reference Numbers Facility ID 6007959
Health Service Area 007 Planning Service Area 702

Administrator
Dennis Tossi

Contact Person and Telephone
DENNIS TOSSI
847-475-4000

Date Completed
3/31/2014

Registered Agent Information
Thomas Winter
6840 N. Lincoln Ave.
Liincolnwood, IL 60712

Building		Reported Age
Building 1	7 story brick and concrete struct	90
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	365
Total Admissions 2013	105
Total Discharges 2013	114
Residents on 12/31/2013	356

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	356
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	356

Total Residents Diagnosed as Mentally Ill 356

Total Residents Reported as Identified Offenders 37

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	417	417	365	417	356	61	0	417
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	417	417	365	417	356	61	0	417

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	124198	81.6%	0	0	1643	0	125841	82.7%	82.7%
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	0	0.0%	124198	81.6%	0	0	1643	0	125841	82.7%	82.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	46	33	0	0	0	0	0	0	46	33	79
45 to 59	104	65	0	0	0	0	0	0	104	65	169
60 to 64	32	27	0	0	0	0	0	0	32	27	59
65 to 74	18	25	0	0	0	0	0	0	18	25	43
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	202	154	0	0	0	0	0	0	202	154	356

ALBANY CARE
901 MAPLE AVENUE
EVANSTON, IL. 60202

Classification Numbers

License Number	6007959	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	351	0	0	5	0	356
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	351	0	0	5	0	356

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	1	0	0	0	1
Black	72	0	0	0	72
Hawaiian/Pacific Isl.	0	0	0	0	0
White	275	0	0	0	275
Race Unknown	0	0	0	0	0
Total	356	0	0	0	356

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	22	0	0	0	22
Non-Hispanic	334	0	0	0	334
Ethnicity Unknown	0	0	0	0	0
Total	356	0	0	0	356

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	24.00
Certified Aides	49.00
Other Health Staff	35.00
Non-Health Staff	48.00
Totals	163.00

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
0.0%	74.8%	0.0%	0.0%	25.2%	100.0%		
0	10,024,241	0	0	3,374,693	13,398,934	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN - DES PLAINES REHAB/HCC
1221 EAST GOLF ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6014757
Health Service Area 007 Planning Service Area 702

Administrator
Bryan Pottow

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/19/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Ave Suite 140
Chicago, IL 60646

Building		Reported Age
Building 1	Alden-Des Plaines Rehabilitation	13
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	71
Total Admissions 2013	831
Total Discharges 2013	830
Residents on 12/31/2013	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	64
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	110	95	93	95	72	38	110	44
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	110	95	93	95	72	38	110	44

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15023	37.4%	4823	30.0%	746	3364	3905	0	27861	69.4%	80.3%
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	15023	37.4%	4823	30.0%	746	3364	3905	0	27861	69.4%	80.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	4	18	0	0	0	0	0	0	4	18	22
85+	10	26	0	0	0	0	0	0	10	26	36
TOTALS	16	56	0	0	0	0	0	0	16	56	72

ALDEN - DES PLAINES REHAB/HCC
1221 EAST GOLF ROAD
DES PLAINES, IL. 60016

Classification Numbers

License Number	6014757	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	17	3	7	7	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	38	17	3	7	7	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	330	315
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	2	0	0	0	2
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	3.00
Certified Aides	22.00
Other Health Staff	1.00
Non-Health Staff	46.00
Totals	84.00

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
71.5%	6.4%	1.0%	12.1%	9.0%	100.0%		
8,171,486	729,326	114,178	1,386,943	1,024,980	11,426,913	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN ESTATES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON, IL. 60010

Reference Numbers Facility ID 6003735
Health Service Area 007 Planning Service Area 701

Administrator
Lorrie Woebbeking

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/20/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W Peterson Ave Suite 140
Chicago, IL 60646

Building		Reported Age
Building 1	Alden Estates of Barrington	27
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	117
Total Admissions 2013	761
Total Discharges 2013	765
Residents on 12/31/2013	113

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	13
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	66
Non-Medical Conditions	0
TOTALS	113

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	150	129	150	113	37	150	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	129	150	113	37	150	150

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14261	26.0%	20422	37.3%	539	4290	4447	0	43959	80.3%	80.3%
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	14261	26.0%	20422	37.3%	539	4290	4447	0	43959	80.3%	80.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	1	0	0	0	0	0	0	2	1	3
45 to 59	5	6	0	0	0	0	0	0	5	6	11
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	5	14	0	0	0	0	0	0	5	14	19
75 to 84	7	19	0	0	0	0	0	0	7	19	26
85+	12	35	0	0	0	0	0	0	12	35	47
TOTALS	33	80	0	0	0	0	0	0	33	80	113

ALDEN ESTATES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON, IL. 60010

Classification Numbers

License Number	6003735	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	37	45	1	17	13	0	113
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	37	45	1	17	13	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	375	371
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	1	0	0	0	1
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	4	0	0	0	4
White	91	0	0	0	91
Race Unknown	9	0	0	0	9
Total	113	0	0	0	113

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	8	0	0	0	8
Total	113	0	0	0	113

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	7.00
Certified Aides	41.00
Other Health Staff	51.00
Non-Health Staff	44.00
Totals	171.00

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
53.4%	28.2%	0.6%	8.1%	9.7%	100.0%		
8,196,261	4,319,019	96,691	1,241,992	1,485,120	15,339,083	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN ESTATES OF EVANSTON
2520 GROSS POINTE ROAD
EVANSTON, IL. 60201

Reference Numbers Facility ID 6013429
Health Service Area 007 Planning Service Area 702

Administrator
Kaitlin Crist

Contact Person and Telephone
Chris Kuehn
773-724-6534

Date Completed
3/27/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson, Suite 140
Chicago, IL 60646

Building		Reported Age
Building 1	Alden Estates of Evanston, Inc.	21
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	60
Total Admissions 2013	332
Total Discharges 2013	339
Residents on 12/31/2013	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	40
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	58	58	45	31	35	23	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	41	41	23	41	18	23		
TOTAL BEDS	99	99	68	72	53	46	99	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8379	23.2%	1166	3.2%	45	2009	1152	0	12751	60.2%	60.2%
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	7994	0	7994	53.4%	53.4%
TOTALS	8379	23.2%	1166	3.2%	45	2009	9146	0	20745	57.4%	57.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	6	0	0	0	0	0	1	4	7	11
75 to 84	4	4	0	0	0	0	1	3	5	7	12
85+	8	7	0	0	0	0	0	13	8	20	28
TOTALS	17	18	0	0	0	0	1	17	18	35	53

ALDEN ESTATES OF EVANSTON
2520 GROSS POINTE ROAD
EVANSTON, IL. 60201

Classification Numbers

License Number	6013429	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	4	1	2	1	0	35
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	18	0	18
TOTALS	27	4	1	2	19	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	432	270
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	175	111

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	27	0	0	18	45
Race Unknown	3	0	0	0	3
Total	35	0	0	18	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	32	0	0	18	50
Ethnicity Unknown	3	0	0	0	3
Total	35	0	0	18	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.94
LPN's	2.36
Certified Aides	13.58
Other Health Staff	1.00
Non-Health Staff	23.72
Totals	50.60

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
66.9%	4.4%	0.1%	7.6%	21.1%	100.0%		
4,457,454	293,735	7,413	503,755	1,405,318	6,667,675	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN ESTATES OF NAPERVILLE
1525 SOUTH OXFORD LANE
NAPERVILLE, IL. 60565

Reference Numbers Facility ID 6007033
Health Service Area 007 Planning Service Area 703

Administrator
Nancy Kazmierski

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/20/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Ave Suite 140
Chicago, IL 60646

Building		Reported Age
Building 1	Alden Estates of Naperville	36
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	141
Total Admissions 2013	388
Total Discharges 2013	395
Residents on 12/31/2013	134

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	3
Blood Disorders	6
*Nervous System Non Alzheimer	20
Alzheimer Disease	4
Mental Illness	6
Developmental Disability	0
Circulatory System	29
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	46
Non-Medical Conditions	0
TOTALS	142

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	176	161	176	142	61	203	203
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	176	161	176	142	61	203	203

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8618	11.6%	39063	52.7%	4166	1208	2250	0	55305	74.6%	86.1%
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	8618	11.6%	39063	52.7%	4166	1208	2250	0	55305	74.6%	86.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	8	9	0	0	0	0	0	0	8	9	17
75 to 84	9	29	0	0	0	0	0	0	9	29	38
85+	15	65	0	0	0	0	0	0	15	65	80
TOTALS	37	105	0	0	0	0	0	0	37	105	142

ALDEN ESTATES OF NAPERVILLE
1525 SOUTH OXFORD LANE
NAPERVILLE, IL. 60565

Classification Numbers

License Number	6007033	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	94	16	2	9	0	142
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	94	16	2	9	0	142

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	316	303
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	132	0	0	0	132
Race Unknown	0	0	0	0	0
Total	142	0	0	0	142

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	135	0	0	0	135
Ethnicity Unknown	0	0	0	0	0
Total	142	0	0	0	142

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	11.71
LPN's	5.61
Certified Aides	34.92
Other Health Staff	5.11
Non-Health Staff	33.00
Totals	93.35

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
39.1%	45.8%	5.4%	4.3%	5.4%	100.0%		
4,800,088	5,619,558	659,445	526,122	660,181	12,265,394	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN ESTATES OF ORLAND PARK
16450 SOUTH 97TH AVENUE
ORLAND PARK, IL. 60467

Reference Numbers Facility ID 6014922
Health Service Area 007 Planning Service Area 705

Administrator
Katie DeWerdt

Contact Person and Telephone
Chris Kuehn
773-286-6622

Date Completed
3/17/2014

Registered Agent Information
Mary Chelotti Smith
4200 W Peterson Ave. Suite 140
Chicago, IL 60646

Building		Reported Age
Building 1	Alden of Orland Park Rehabilitati	17
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	132
Total Admissions 2013	1,154
Total Discharges 2013	1,155
Residents on 12/31/2013	131

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	112
Non-Medical Conditions	0
TOTALS	131

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	200	175	156	131	131	69	200	200
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	200	175	156	131	131	69	200	200

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	32150	44.0%	9437	12.9%	1469	2581	6478	0	52115	71.4%	81.6%
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	32150	44.0%	9437	12.9%	1469	2581	6478	0	52115	71.4%	81.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	11	24	0	0	0	0	0	0	11	24	35
85+	13	63	0	0	0	0	0	0	13	63	76
TOTALS	33	98	0	0	0	0	0	0	33	98	131

ALDEN ESTATES OF ORLAND PARK
16450 SOUTH 97TH AVENUE
ORLAND PARK, IL. 60467

Classification Numbers

License Number	6014922	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	72	26	5	7	21	0	131
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	72	26	5	7	21	0	131

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	315	315
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	119	0	0	0	119
Race Unknown	1	0	0	0	1
Total	131	0	0	0	131

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	130	0	0	0	130
Ethnicity Unknown	0	0	0	0	0
Total	131	0	0	0	131

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.52
LPN's	11.79
Certified Aides	39.04
Other Health Staff	8.72
Non-Health Staff	39.73
Totals	117.80

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
77.7%	7.1%	1.1%	5.3%	8.8%	100.0%		
16,502,082	1,498,311	234,847	1,126,403	1,878,108	21,239,751	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN ESTATES OF SHOREWOOD
710 WEST BLACK ROAD
SHOREWOOD, IL. 60404

Reference Numbers Facility ID 6016695
Health Service Area 009 Planning Service Area 197

Administrator
Annette Borcky

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/17/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W Peterson Ave Suite 140
Chicago, IL 60646

Building		Reported Age
Building 1	Alden Estates of Shorewood, Inc	2
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	43
Total Admissions 2013	853
Total Discharges 2013	824
Residents on 12/31/2013	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	68
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	100	92	86	92	72	28	100	100
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	92	86	92	72	28	100	100

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	18759	51.4%	1537	4.2%	163	2012	277	0	22748	62.3%	67.7%
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	18759	51.4%	1537	4.2%	163	2012	277	0	22748	62.3%	67.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	12	0	0	0	0	0	0	3	12	15
75 to 84	5	16	0	0	0	0	0	0	5	16	21
85+	7	27	0	0	0	0	0	0	7	27	34
TOTALS	16	56	0	0	0	0	0	0	16	56	72

ALDEN ESTATES OF SHOREWOOD
710 WEST BLACK ROAD
SHOREWOOD, IL. 60404

Classification Numbers

License Number	6016695	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	62	6	1	2	1	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	62	6	1	2	1	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	423	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.86
LPN's	0.00
Certified Aides	25.14
Other Health Staff	23.95
Non-Health Staff	13.53
Totals	81.48

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
89.3%	1.8%	0.2%	7.9%	0.8%	100.0%		
9,837,311	195,512	21,183	865,013	92,948	11,011,967	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

07-102 3/9/2012 Facility licensed for operation with 100 Nursing Care beds.

ALDEN ESTATES OF SKOKIE
4626 OLD ORCHARD ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID 6006886
Health Service Area 007 Planning Service Area 702

Administrator
Lindsay McKenzie

Contact Person and Telephone
Chris Kuehn
773-724-6534

Date Completed
3/19/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W Peterson Suite 140
Chicago, IL 60646

Building		Reported Age
Building 1	Alden Estates of Skokie	53
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	19
Total Admissions 2013	632
Total Discharges 2013	629
Residents on 12/31/2013	22

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
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	21
Non-Medical Conditions	0
TOTALS	21

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	56	28	28	28	21	35	56	56
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	56	28	28	28	21	35	56	56

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7182	35.1%	0	0.0%	0	2127	18	0	9327	45.6%	91.3%
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	7182	35.1%	0	0.0%	0	2127	18	0	9327	45.6%	91.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	6	15	0	0	0	0	0	0	6	15	21

ALDEN ESTATES OF SKOKIE
4626 OLD ORCHARD ROAD
SKOKIE, IL. 60076

Classification Numbers

License Number	6006886	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	0	0	5	0	0	21
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	0	0	5	0	0	21

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	21	0	0	0	21
Race Unknown	0	0	0	0	0
Total	21	0	0	0	21

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	20	0	0	0	20
Ethnicity Unknown	0	0	0	0	0
Total	21	0	0	0	21

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.23
LPN's	0.38
Certified Aides	8.52
Other Health Staff	4.22
Non-Health Staff	17.58
Totals	38.93

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
79.2%	0.0%	0.0%	20.7%	0.0%	100.0%		
4,068,446	0	0	1,063,276	2,524	5,134,246	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN LINCOLN PARK REHAB & HC CTR
504 WEST WELLINGTON AVENUE
CHICAGO, IL. 60657

Reference Numbers Facility ID 6009849
Health Service Area 006 Planning Service Area 602

Administrator
Allison Pease

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/19/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Ave Suite 140
Chicago, IL 60646

Building		Reported Age
Building 1	Alden Lincoln Park Rehab and H	19
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	75
Total Admissions 2013	171
Total Discharges 2013	168
Residents on 12/31/2013	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	8
Developmental Disability	0
Circulatory System	13
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	96	96	80	96	78	18	33	96
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	96	96	80	96	78	18	33	96

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	806	6.7%	21653	61.8%	1913	784	1104	0	26260	74.9%	74.9%
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	806	6.7%	21653	61.8%	1913	784	1104	0	26260	74.9%	74.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	0	0	0	0	2	0	2
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	9	9	0	0	0	0	0	0	9	9	18
75 to 84	11	15	0	0	0	0	0	0	11	15	26
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	35	43	0	0	0	0	0	0	35	43	78

ALDEN LINCOLN PARK REHAB & HC CTR
504 WEST WELLINGTON AVENUE
CHICAGO, IL. 60657

Classification Numbers

License Number	6009849	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	60	10	4	1	0	78
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	60	10	4	1	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	266	264
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	23	0	0	0	23
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.12
LPN's	2.77
Certified Aides	15.87
Other Health Staff	3.00
Non-Health Staff	17.87
Totals	49.63

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
11.4%	64.5%	13.1%	5.3%	5.7%	100.0%		
484,057	2,744,246	558,383	224,168	244,109	4,254,963	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN NORTH SHORE REHAB & HC
5050 WEST TOUHY
SKOKIE, IL. 60077

Reference Numbers Facility ID 6014765
Health Service Area 007 Planning Service Area 702

Administrator
Jennifer Illarde

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/11/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue, Suite 140
Chicago, IL 60646

Building		Reported Age
Building 1	Alden North Shore Rehabilitation	15
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	64
Total Admissions 2013	966
Total Discharges 2013	978
Residents on 12/31/2013	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	47
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	93	80	72	80	52	41	93	10
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	93	80	72	80	52	41	93	10

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	16636	49.0%	880	24.1%	0	4087	847	65	22515	66.3%	77.1%
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	16636	49.0%	880	24.1%	0	4087	847	65	22515	66.3%	77.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	2	8	0	0	0	0	0	0	2	8	10
75 to 84	8	14	0	0	0	0	0	0	8	14	22
85+	4	11	0	0	0	0	0	0	4	11	15
TOTALS	19	33	0	0	0	0	0	0	19	33	52

ALDEN NORTH SHORE REHAB & HC
5050 WEST TOUHY
SKOKIE, IL. 60077

Classification Numbers

License Number	6014765	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	37	4	0	6	4	1	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	37	4	0	6	4	1	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	360	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	6	0	0	0	6
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	44	0	0	0	44
Ethnicity Unknown	6	0	0	0	6
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.36
LPN's	0.00
Certified Aides	18.65
Other Health Staff	5.00
Non-Health Staff	31.84
Totals	68.85

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
80.6%	1.1%	0.0%	16.3%	2.1%	100.0%		
8,933,871	119,924	0	1,803,299	232,046	11,089,140	24,946	0.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN OF OLD TOWN EAST
108 SOUTH FIRST STREET
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6014807
Health Service Area 007 Planning Service Area 703

Administrator
Dominick Aluise

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/27/2014

Registered Agent Information
Mary Chelotti-Smith
4200 Peterson Suite 140
Chicago, IL 60646

Building	Reported Age
Building 1 Alden of Old Town West	16
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	67
Total Discharges 2013	67
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5319	91.1%	0	0	365	0	5684	97.3%	97.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5319	91.1%	0	0	365	0	5684	97.3%	97.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	7	0	0	3	7	10
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	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	0	0	0	0	5	10	0	0	5	10	15

ALDEN OF OLD TOWN EAST
108 SOUTH FIRST STREET
BLOOMINGDALE, IL. 60108

Classification Numbers

License Number	6014807	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	1	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	1	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	198
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	1	0	1
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	1	0	1
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.89
LPN's	0.72
Certified Aides	7.37
Other Health Staff	0.00
Non-Health Staff	3.61
Totals	13.59

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%	86.9%	0.0%	0.0%	13.1%	100.0%		
0	1,035,504	0	0	155,428	1,190,932	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN OF OLD TOWN WEST
118 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6014815
Health Service Area 007 Planning Service Area 703

Administrator
Dominick Aluise

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/27/2013

Registered Agent Information
Mary Chelotti-Smith
4200 W Peterson Suite 140
Chicago, IL 60646

Building		Reported Age
Building 1	Alden of Old Town West	16
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	9
Total Discharges 2013	8
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5773	98.9%	0	0	0	0	5773	98.9%	98.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5773	98.9%	0	0	0	0	5773	98.9%	98.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	6	4	0	0	6	4	10
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	8	8	0	0	8	8	16

ALDEN OF OLD TOWN WEST
118 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE, IL. 60108

Classification Numbers

License Number	6014815	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	229
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	2	0	2
White	0	0	11	0	11
Race Unknown	0	0	2	0	2
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.54
LPN's	0.00
Certified Aides	7.67
Other Health Staff	0.00
Non-Health Staff	4.00
Totals	13.21

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	1,317,738	0	0	0	1,317,738	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA, IL. 60504

Reference Numbers Facility ID 6014773
Health Service Area 008 Planning Service Area 089

Administrator
Tracy Pell

Contact Person and Telephone
Chris Kuehn
773-286-3883 Ext.6534

Date Completed
3/18/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Ave. Suite 140
Chicago, IL 60646

Building		Reported Age
Building 1	Alden of Waterford	10
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	73
Total Admissions 2013	589
Total Discharges 2013	601
Residents on 12/31/2013	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	50
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	85	99	61	38	99	40
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	85	99	61	38	99	40

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13161	36.4%	8062	55.2%	646	2630	2924	0	27423	75.9%	75.9%
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	13161	36.4%	8062	55.2%	646	2630	2924	0	27423	75.9%	75.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	9	5	0	0	0	0	0	0	9	5	14
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	5	19	0	0	0	0	0	0	5	19	24
TOTALS	21	40	0	0	0	0	0	0	21	40	61

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA, IL. 60504

Classification Numbers

License Number	6014773	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	24	1	4	4	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	24	1	4	4	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	351	336
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	1	0	0	0	1
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	1	0	0	0	1
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.75
LPN's	0.23
Certified Aides	19.62
Other Health Staff	20.58
Non-Health Staff	14.77
Totals	68.95

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
68.8%	12.5%	1.0%	11.3%	6.4%	100.0%		
6,975,528	1,265,322	103,753	1,141,646	646,359	10,132,608	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN POPLAR CREEK REHAB & HEALTH CARE
1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60169

Reference Numbers Facility ID 6001366
Health Service Area 007 Planning Service Area 701

Administrator
Jeff Russell

Contact Person and Telephone
Chris Kuehn
773-286-3883 ext. 6534

Date Completed
3/20/2014

Registered Agent Information
MARY CHELOTTI-SMITH
4200 W. PETERSON AVENUE SUITE 140
Chicago, IL 60646

Building		Reported Age
Building 1	Alden Poplar Creek Rehabilitatio	39
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	189
Total Admissions 2013	579
Total Discharges 2013	598
Residents on 12/31/2013	170

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	19
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	35
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	109
Non-Medical Conditions	0
TOTALS	170

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	217	217	195	217	170	47	217	217
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	217	217	195	217	170	47	217	217

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10846	13.7%	46612	58.8%	2204	1753	5476	0	66891	84.5%	84.5%
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	10846	13.7%	46612	58.8%	2204	1753	5476	0	66891	84.5%	84.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	4	0	0	0	0	0	0	0	4	4
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	6	18	0	0	0	0	0	0	6	18	24
75 to 84	27	28	0	0	0	0	0	0	27	28	55
85+	22	58	0	0	0	0	0	0	22	58	80
TOTALS	57	113	0	0	0	0	0	0	57	113	170

ALDEN POPLAR CREEK REHAB & HEALTH CARE
1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60169

Classification Numbers

License Number	6001366	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	111	31	7	8	13	0	170
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	111	31	7	8	13	0	170

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	7	0	0	0	7
White	144	0	0	0	144
Race Unknown	5	0	0	0	5
Total	170	0	0	0	170

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	159	0	0	0	159
Ethnicity Unknown	4	0	0	0	4
Total	170	0	0	0	170

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.74
LPN's	8.40
Certified Aides	36.90
Other Health Staff	6.28
Non-Health Staff	29.35
Totals	100.67

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
37.7%	46.4%	2.2%	4.5%	9.2%	100.0%		
5,719,981	7,045,695	331,347	683,490	1,398,370	15,178,883	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN SPRINGS
207 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6016224
Health Service Area 007 Planning Service Area 703

Administrator
Dominick Aluise

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/27/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W Peterson Suite 140
Chicago, IL 60646

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Alden Springs	8
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	114
Total Discharges 2013	115
Residents on 12/31/2013	14

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5791	99.2%	0	0	0	0	5791	99.2%	99.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5791	99.2%	0	0	0	0	5791	99.2%	99.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	3	0	0	5	3	8
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	7	7	0	0	7	7	14

ALDEN SPRINGS
207 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL. 60108

Classification Numbers

License Number	6016224	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	209
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	1	0	1
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	1	0	1
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.78
LPN's	0.74
Certified Aides	6.94
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	11.46

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	1,166,226	0	0	0	1,166,226	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN TERRACE OF MCHENRY REHAB
803 ROYAL DRIVE
MCHENRY, IL. 60050

Reference Numbers Facility ID 6008304
Health Service Area 008 Planning Service Area 111

Administrator
Melinda Lewis

Contact Person and Telephone
Chris Kuehn
773-286-3883 ex. 6534

Date Completed
3/27/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Suite 140
Chicago, IL 60646

Building		Reported Age
Building 1	Alden Terrace of McHenry Reha	38
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	197
Total Admissions 2013	692
Total Discharges 2013	753
Residents on 12/31/2013	136

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	33
Mental Illness	6
Developmental Disability	0
Circulatory System	30
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	33
Non-Medical Conditions	0
TOTALS	136

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	316	238	207	188	136	180	316	316
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	316	238	207	188	136	180	316	316

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4131	3.6%	57466	49.8%	3771	419	3130	0	68917	59.8%	79.3%
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	4131	3.6%	57466	49.8%	3771	419	3130	0	68917	59.8%	79.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	0	0	0	0	2	0	2
45 to 59	10	6	0	0	0	0	0	0	10	6	16
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	9	10	0	0	0	0	0	0	9	10	19
75 to 84	14	27	0	0	0	0	0	0	14	27	41
85+	13	35	0	0	0	0	0	0	13	35	48
TOTALS	54	82	0	0	0	0	0	0	54	82	136

ALDEN TERRACE OF MCHENRY REHAB
803 ROYAL DRIVE
MCHENRY, IL. 60050

Classification Numbers

License Number	6008304	
Health Service Area	008	
Planning Service Area	111	McHenry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	115	7	5	3	6	0	136
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	115	7	5	3	6	0	136

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	268	258
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	9	0	0	0	9
Total	136	0	0	0	136

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	126	0	0	0	126
Ethnicity Unknown	8	0	0	0	8
Total	136	0	0	0	136

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.69
LPN's	11.80
Certified Aides	34.37
Other Health Staff	3.50
Non-Health Staff	34.62
Totals	97.98

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
21.7%	65.7%	4.5%	1.7%	6.5%	100.0%		
2,313,659	7,004,770	481,181	176,059	688,725	10,664,394	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN VILLAGE HEALTH FACILITY
267 EAST LAKE STREET
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6002760
Health Service Area 007 Planning Service Area 703

Administrator
Laurie Longo

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/17/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Ave. Suite 140
Chicago, IL 60646

Building	Reported Age
Building 1 Alden Village Health Facility for	22
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	119
Total Admissions 2013	239
Total Discharges 2013	236
Residents on 12/31/2013	122

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	122
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	122

Total Residents Diagnosed as Mentally Ill 20

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	126	126	126	126	122	4		126
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	126	126	126	126	122	4	0	126

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			44708	97.2%	0	0	332	0	45040	97.9%	97.9%
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	0	0.0%	44708	97.2%	0	0	332	0	45040	97.9%	97.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	15	4	0	0	0	0	15	4	19
18 to 44	0	0	34	30	0	0	0	0	34	30	64
45 to 59	0	0	13	15	0	0	0	0	13	15	28
60 to 64	0	0	3	2	0	0	0	0	3	2	5
65 to 74	0	0	3	2	0	0	0	0	3	2	5
75 to 84	0	0	0	1	0	0	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	68	54	0	0	0	0	68	54	122

ALDEN VILLAGE HEALTH FACILITY
267 EAST LAKE STREET
BLOOMINGDALE, IL. 60108

Classification Numbers

License Number	6002760	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	121	0	0	1	0	122
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	121	0	0	1	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	337	337
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	4	0	0	4
American Indian	0	0	0	0	0
Black	0	38	0	0	38
Hawaiian/Pacific Isl.	0	18	0	0	18
White	0	52	0	0	52
Race Unknown	0	10	0	0	10
Total	0	122	0	0	122

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	18	0	0	18
Non-Hispanic	0	100	0	0	100
Ethnicity Unknown	0	4	0	0	4
Total	0	122	0	0	122

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	7.00
Certified Aides	42.00
Other Health Staff	3.00
Non-Health Staff	28.50
Totals	94.50

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%	99.3%	0.0%	0.0%	0.7%	100.0%		
0	9,183,738	0	0	68,814	9,252,552	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN TRAILS
273 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6014799
Health Service Area 007 Planning Service Area 703

Administrator
Dominick Aluise

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/27/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W Peterson
Chicago, IL 60646

Building	Reported Age
Building 1 Alden Trails	16
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	42
Total Discharges 2013	44
Residents on 12/31/2013	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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	13

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	13	3	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5769	98.8%	0	0	0	0	5769	98.8%	98.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5769	98.8%	0	0	0	0	5769	98.8%	98.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	2	0	0	4	2	6
45 to 59	0	0	0	0	2	4	0	0	2	4	6
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	6	7	0	0	6	7	13

ALDEN TRAILS
273 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL. 60108

Classification Numbers

License Number	6014799	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	207
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	2	0	2
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	2	0	2
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.28
LPN's	0.45
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	5.56
Totals	15.29

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	1,177,093	0	0	0	1,177,093	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN VILLAGE NORTH
7464 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6000558
Health Service Area 006 Planning Service Area 601

Administrator
Christy Czajka

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/11/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Ave Suite 140
Chicago, IL 60646

Building		Reported Age
Building 1	Alden Village North	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	67
Total Admissions 2013	30
Total Discharges 2013	16
Residents on 12/31/2013	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	81
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	81

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	150	128	83	128	81	69		150
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	128	83	128	81	69	0	150

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			28774	52.6%	0	0	499	0	29273	53.5%	62.7%
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	0	0.0%	28774	52.6%	0	0	499	0	29273	53.5%	62.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	7	8	0	0	0	0	7	8	15
18 to 44	0	0	34	16	0	0	0	0	34	16	50
45 to 59	0	0	6	4	0	0	0	0	6	4	10
60 to 64	0	0	3	1	0	0	0	0	3	1	4
65 to 74	0	0	1	1	0	0	0	0	1	1	2
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	51	30	0	0	0	0	51	30	81

ALDEN VILLAGE NORTH
7464 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Classification Numbers

License Number	6000558	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	79	0	0	2	0	81
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	79	0	0	2	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	313	313
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	4	0	0	4
American Indian	0	0	0	0	0
Black	0	35	0	0	35
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	24	0	0	24
Race Unknown	0	18	0	0	18
Total	0	81	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	10	0	0	10
Non-Hispanic	0	70	0	0	70
Ethnicity Unknown	0	1	0	0	1
Total	0	81	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.31
LPN's	5.15
Certified Aides	37.36
Other Health Staff	4.00
Non-Health Staff	25.65
Totals	79.47

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%	97.5%	0.0%	0.0%	2.5%	100.0%		
0	5,695,760	0	0	147,442	5,843,202	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN-DEBES
550 SOUTH MULFORD ROAD
ROCKFORD, IL. 61108

Reference Numbers Facility ID 6000103
Health Service Area 001 Planning Service Area 201

Administrator
Ashley Wilson

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/21/2014

Registered Agent Information
Mary Chelotti- Smith
4200 West Peterson Avenue Suite 140
Chicago, IL 60646

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	4
Mental Illness	40
Developmental Disability	1
Circulatory System	23
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	81
Non-Medical Conditions	0
TOTALS	188

Total Residents Diagnosed as Mentally Ill 111

Total Residents Reported as Identified Offenders 2

Building		Reported Age
Building 1	Alden- Alma Nelson Manor	41
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	178
Total Admissions 2013	560
Total Discharges 2013	550
Residents on 12/31/2013	188

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	268	239	193	223	188	80	268	268
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	268	239	193	223	188	80	268	268

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7312	7.5%	52692	53.9%	1808	2408	2533	0	66753	68.2%	76.5%
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	7312	7.5%	52692	53.9%	1808	2408	2533	0	66753	68.2%	76.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	2	0	0	0	0	0	0	5	2	7
45 to 59	10	18	0	0	0	0	0	0	10	18	28
60 to 64	9	6	0	0	0	0	0	0	9	6	15
65 to 74	21	24	0	0	0	0	0	0	21	24	45
75 to 84	17	20	0	0	0	0	0	0	17	20	37
85+	8	48	0	0	0	0	0	0	8	48	56
TOTALS	70	118	0	0	0	0	0	0	70	118	188

ALDEN-DEBES
550 SOUTH MULFORD ROAD
ROCKFORD, IL. 61108

Classification Numbers

License Number	6000103	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	126	7	16	7	0	188
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	32	126	7	16	7	0	188

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pacific Isl.	3	0	0	0	3
White	168	0	0	0	168
Race Unknown	0	0	0	0	0
Total	188	0	0	0	188

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	185	0	0	0	185
Ethnicity Unknown	0	0	0	0	0
Total	188	0	0	0	188

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	15.00
Certified Aides	37.00
Other Health Staff	4.00
Non-Health Staff	37.00
Totals	104.00

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
28.4%	56.6%	2.0%	9.0%	4.0%	100.0%		
3,488,350	6,951,324	242,181	1,103,500	494,579	12,279,934	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN-LAKELAND REHAB & CARE CENTER
820 WEST LAWRENCE AVENUE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6005193
Health Service Area 006 Planning Service Area 601

Administrator
Erica Dalziel

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/26/2014

Registered Agent Information
Mary Chelotti-Smith
4200 West Peterson Avenue, Suite 140
Chicago, IL 60646

Building		Reported Age
Building 1	Alden Lakeland Rehabilitation &	43
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	204
Total Admissions 2013	518
Total Discharges 2013	538
Residents on 12/31/2013	184

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	23
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	11
Developmental Disability	0
Circulatory System	35
Respiratory System	33
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	54
Non-Medical Conditions	0
TOTALS	184

Total Residents Diagnosed as Mentally Ill 101

Total Residents Reported as Identified Offenders 16

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	300	274	216	207	184	116	187	300
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	300	274	216	207	184	116	187	300

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3938	5.8%	69245	63.2%	455	270	1310	0	75218	68.7%	75.2%
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	3938	5.8%	69245	63.2%	455	270	1310	0	75218	68.7%	75.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	18	3	0	0	0	0	0	0	18	3	21
45 to 59	36	23	0	0	0	0	0	0	36	23	59
60 to 64	17	10	0	0	0	0	0	0	17	10	27
65 to 74	17	20	0	0	0	0	0	0	17	20	37
75 to 84	8	14	0	0	0	0	0	0	8	14	22
85+	9	9	0	0	0	0	0	0	9	9	18
TOTALS	105	79	0	0	0	0	0	0	105	79	184

ALDEN-LAKELAND REHAB & CARE CENTER
820 WEST LAWRENCE AVENUE
CHICAGO, IL. 60640

Classification Numbers

License Number	6005193	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	141	2	4	9	0	184
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	141	2	4	9	0	184

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	258	251
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	66	0	0	0	66
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	29	0	0	0	29
Total	184	0	0	0	184

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	21	0	0	0	21
Non-Hispanic	157	0	0	0	157
Ethnicity Unknown	6	0	0	0	6
Total	184	0	0	0	184

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.83
LPN's	5.44
Certified Aides	31.21
Other Health Staff	13.17
Non-Health Staff	29.58
Totals	100.23

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
16.0%	80.4%	1.5%	0.5%	1.7%	100.0%		
2,194,844	11,036,667	207,892	64,693	227,249	13,731,345	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN-LONG GROVE REHAB/HC CENTER
BOX 2308 RFD OLD HICKS ROAD
LONG GROVE, IL. 60047

Reference Numbers Facility ID 6005714
Health Service Area 008 Planning Service Area 097

Administrator
Lesley Hieras

Contact Person and Telephone
Chris Kuehn
773-724-6534

Date Completed
3/10/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue, Suite 140
Chicago, IL 60646

Building	Reported Age
Building 1	19
Building 2	19
Building 3	19
Building 4	19
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	184
Total Admissions 2013	483
Total Discharges 2013	488
Residents on 12/31/2013	179

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	13
Mental Illness	40
Developmental Disability	0
Circulatory System	25
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	78
Non-Medical Conditions	0
TOTALS	179

Total Residents Diagnosed as Mentally Ill 40

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	248	195	195	195	179	69	208	246
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	248	195	195	195	179	69	208	246

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4287	5.6%	55924	62.3%	3549	885	2446	365	67456	74.5%	94.8%
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	4287	5.6%	55924	62.3%	3549	885	2446	365	67456	74.5%	94.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	2	0	0	0	0	0	0	7	2	9
45 to 59	11	13	0	0	0	0	0	0	11	13	24
60 to 64	7	5	0	0	0	0	0	0	7	5	12
65 to 74	20	16	0	0	0	0	0	0	20	16	36
75 to 84	12	28	0	0	0	0	0	0	12	28	40
85+	11	47	0	0	0	0	0	0	11	47	58
TOTALS	68	111	0	0	0	0	0	0	68	111	179

ALDEN-LONG GROVE REHAB/HC CENTER
BOX 2308 RFD OLD HICKS ROAD
LONG GROVE, IL. 60047

Classification Numbers

License Number	6005714	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	138	11	11	9	1	179
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	138	11	11	9	1	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	176	0	0	0	176
Race Unknown	1	0	0	0	1
Total	179	0	0	0	179

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	172	0	0	0	172
Ethnicity Unknown	1	0	0	0	1
Total	179	0	0	0	179

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	7.00
Certified Aides	47.00
Other Health Staff	4.00
Non-Health Staff	39.00
Totals	118.00

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
22.1%	66.8%	4.6%	3.5%	3.1%	100.0%		
2,471,105	7,483,569	510,079	395,995	342,915	11,203,663	68,915	0.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN-NORTHMOOR REHAB & HC CENTER
5831 NORTH NORTHWEST HIGHWAY
CHICAGO, IL. 60631

Reference Numbers Facility ID 6014500
Health Service Area 006 Planning Service Area 601

Administrator
Karen Glaza

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/3/2014

Registered Agent Information
Mary Chelotti-Smith
4200 West Peterson Avenue. Suite 140
Chicago, IL 60646

Life Care Facility

Building		Reported Age
Building 1	Northmoor Rehabilitation and He	18
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	175
Total Admissions 2013	357
Total Discharges 2013	359
Residents on 12/31/2013	173

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	20
Blood Disorders	4
*Nervous System Non Alzheimer	13
Alzheimer Disease	13
Mental Illness	8
Developmental Disability	0
Circulatory System	58
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	44
Non-Medical Conditions	0
TOTALS	173

Total Residents Diagnosed as Mentally Ill 74

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	198	198	190	198	173	25	198	198
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	198	198	190	198	173	25	198	198

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6174	8.5%	49154	68.0%	1352	1364	7085	0	65129	90.1%	90.1%
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	6174	8.5%	49154	68.0%	1352	1364	7085	0	65129	90.1%	90.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	14	11	0	0	0	0	0	0	14	11	25
75 to 84	21	38	0	0	0	0	0	0	21	38	59
85+	15	62	0	0	0	0	0	0	15	62	77
TOTALS	56	117	0	0	0	0	0	0	56	117	173

ALDEN-NORTHMOOR REHAB & HC CENTER
5831 NORTH NORTHWEST HIGHWAY
CHICAGO, IL. 60631

Classification Numbers

License Number	6014500	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	133	5	5	17	0	173
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	133	5	5	17	0	173

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	147	0	0	0	147
Race Unknown	14	0	0	0	14
Total	173	0	0	0	173

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	25	0	0	0	25
Non-Hispanic	136	0	0	0	136
Ethnicity Unknown	12	0	0	0	12
Total	173	0	0	0	173

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	12.00
Certified Aides	37.00
Other Health Staff	13.00
Non-Health Staff	27.00
Totals	107.00

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
24.9%	56.6%	1.5%	3.4%	13.5%	100.0%		
3,265,709	7,411,146	202,074	448,280	1,763,436	13,090,645	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN-PARK STRATHMOOR
5668 STRATHMOOR DRIVE
ROCKFORD, IL. 61107

Reference Numbers Facility ID 6007165
Health Service Area 001 Planning Service Area 201

Administrator
Jodi Wubbena

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/9/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue Suite 140
Chicago, IL 60646

Building		Reported Age
Building 1	Alden-Park Strathmoor, Inc.	53
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	139
Total Admissions 2013	264
Total Discharges 2013	261
Residents on 12/31/2013	142

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	10
Mental Illness	31
Developmental Disability	0
Circulatory System	27
Respiratory System	19
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	3
Other Medical Conditions	28
Non-Medical Conditions	1
TOTALS	142

Total Residents Diagnosed as Mentally Ill 31

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	189	173	151	173	142	47	189	189
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	189	173	151	173	142	47	189	189

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3745	5.4%	43220	62.7%	3306	630	2233	0	53134	77.0%	84.1%
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	3745	5.4%	43220	62.7%	3306	630	2233	0	53134	77.0%	84.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	5	0	0	0	0	0	0	4	5	9
45 to 59	13	19	0	0	0	0	0	0	13	19	32
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	10	16	0	0	0	0	0	0	10	16	26
75 to 84	11	23	0	0	0	0	0	0	11	23	34
85+	3	29	0	0	0	0	0	0	3	29	32
TOTALS	45	97	0	0	0	0	0	0	45	97	142

ALDEN-PARK STRATHMOOR
5668 STRATHMOOR DRIVE
ROCKFORD, IL. 61107

Classification Numbers

License Number	6007165	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	105	2	11	6	0	142
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	105	2	11	6	0	142

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	295	274
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	28	0	0	0	28
Hawaiian/Pacific Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	11	0	0	0	11
Total	142	0	0	0	142

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	131	0	0	0	131
Ethnicity Unknown	8	0	0	0	8
Total	142	0	0	0	142

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	12.00
Certified Aides	34.00
Other Health Staff	7.00
Non-Health Staff	21.00
Totals	86.00

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
20.7%	66.3%	4.7%	3.4%	4.9%	100.0%		
2,074,529	6,630,905	469,752	338,277	485,210	9,998,673	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN-PRINCETON REHAB & CARE
255 WEST 69TH STREET
CHICAGO, IL. 60621

Reference Numbers Facility ID 6012645
Health Service Area 006 Planning Service Area 603

Administrator
John Lindsey

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/27/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue Suite 140
Chicago, IL 60646

Building		Reported Age
Building 1	Alden Princeton Rehabilitation &	24
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	166
Total Admissions 2013	514
Total Discharges 2013	508
Residents on 12/31/2013	172

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	41
Developmental Disability	0
Circulatory System	75
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	172

Total Residents Diagnosed as Mentally Ill 41

Total Residents Reported as Identified Offenders 12

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	225	210	183	210	172	53	225	225
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	225	210	183	210	172	53	225	225

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3442	4.2%	58692	71.5%	1135	183	923	0	64375	78.4%	84.0%
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	3442	4.2%	58692	71.5%	1135	183	923	0	64375	78.4%	84.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	19	2	0	0	0	0	0	0	19	2	21
45 to 59	38	10	0	0	0	0	0	0	38	10	48
60 to 64	13	6	0	0	0	0	0	0	13	6	19
65 to 74	27	11	0	0	0	0	0	0	27	11	38
75 to 84	11	11	0	0	0	0	0	0	11	11	22
85+	9	15	0	0	0	0	0	0	9	15	24
TOTALS	117	55	0	0	0	0	0	0	117	55	172

ALDEN-PRINCETON REHAB & CARE
255 WEST 69TH STREET
CHICAGO, IL. 60621

Classification Numbers

License Number	6012645	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	152	3	4	4	0	172
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	152	3	4	4	0	172

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	194	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	155	0	0	0	155
Hawaiian/Pacific Isl.	0	0	0	0	0
White	11	0	0	0	11
Race Unknown	6	0	0	0	6
Total	172	0	0	0	172

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	164	0	0	0	164
Ethnicity Unknown	5	0	0	0	5
Total	172	0	0	0	172

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	12.00
Certified Aides	32.00
Other Health Staff	2.00
Non-Health Staff	36.00
Totals	89.00

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
17.5%	79.6%	1.5%	0.8%	0.6%	100.0%		
1,753,915	7,981,739	153,198	78,555	59,928	10,027,335	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN-TOWN MANOR REHAB & HHC
6120 WEST OGDEN
CICERO, IL. 60804

Reference Numbers Facility ID 6013353
Health Service Area 007 Planning Service Area 704

Administrator
Lucille J. Hoffman

Contact Person and Telephone
Chris Kuehn
773-286-3883 ext 6534

Date Completed
3/5/2014

Registered Agent Information
Mary Chelotti Smith
4200 West Peterson Ave. Suite #
Chicago, IL 60646

Life Care Facility

Building		Reported Age
Building 1	Alden Town Manor	22
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	197
Total Admissions 2013	530
Total Discharges 2013	554
Residents on 12/31/2013	173

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	18
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	21
Mental Illness	17
Developmental Disability	0
Circulatory System	19
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	85
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	173

Total Residents Diagnosed as Mentally Ill 17

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	237	237	197	237	173	64	237	237
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	237	237	197	237	173	64	237	237

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3879	4.5%	55442	64.1%	1135	5470	3596	0	69522	80.4%	80.4%
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	3879	4.5%	55442	64.1%	1135	5470	3596	0	69522	80.4%	80.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	0	0	0	0	2	0	2
45 to 59	10	9	0	0	0	0	0	0	10	9	19
60 to 64	8	4	0	0	0	0	0	0	8	4	12
65 to 74	10	18	0	0	0	0	0	0	10	18	28
75 to 84	21	30	0	0	0	0	0	0	21	30	51
85+	14	47	0	0	0	0	0	0	14	47	61
TOTALS	65	108	0	0	0	0	0	0	65	108	173

ALDEN-TOWN MANOR REHAB & HHC
6120 WEST OGDEN
CICERO, IL. 60804

Classification Numbers

License Number	6013353	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	126	8	14	8	0	173
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	126	8	14	8	0	173

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	332	315
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	37	0	0	0	37
Hawaiian/Pacific Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	68	0	0	0	68
Total	173	0	0	0	173

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	66	0	0	0	66
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	0	0	0	0	0
Total	173	0	0	0	173

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	14.00
Certified Aides	64.00
Other Health Staff	11.00
Non-Health Staff	143.00
Totals	248.00

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
17.1%	67.1%	4.9%	5.6%	5.3%	100.0%		
2,168,754	8,532,957	625,364	713,356	674,023	12,714,454	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN-VALLEY RIDGE REHAB &CARE
275 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6000459
Health Service Area 007 Planning Service Area 703

Administrator
Emily Hanson

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/22/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W Peterson Avenue, Suite 140
Chicago, IL 60646

Building		Reported Age
Building 1	Alden Valley Ridge Rehabilitatio	23
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	169
Total Admissions 2013	423
Total Discharges 2013	412
Residents on 12/31/2013	180

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	14
Alzheimer Disease	4
Mental Illness	9
Developmental Disability	0
Circulatory System	40
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	3
Musculo-skeletal Disorders	9
Injuries and Poisonings	4
Other Medical Conditions	68
Non-Medical Conditions	0
TOTALS	180

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	207	207	187	202	180	27	207	207
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	207	207	187	202	180	27	207	207

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5677	7.5%	48996	64.8%	4940	844	5371	0	65828	87.1%	87.1%
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	5677	7.5%	48996	64.8%	4940	844	5371	0	65828	87.1%	87.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	18	18	0	0	0	0	0	0	18	18	36
75 to 84	11	37	0	0	0	0	0	0	11	37	48
85+	21	55	0	0	0	0	0	0	21	55	76
TOTALS	63	117	0	0	0	0	0	0	63	117	180

ALDEN-VALLEY RIDGE REHAB &CARE
275 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL. 60108

Classification Numbers

License Number	6000459	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	120	15	16	11	18	0	180
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	120	15	16	11	18	0	180

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	294	289
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	12	0	0	0	12
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	153	0	0	0	153
Race Unknown	6	0	0	0	6
Total	180	0	0	0	180

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	164	0	0	0	164
Ethnicity Unknown	6	0	0	0	6
Total	180	0	0	0	180

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.41
LPN's	12.94
Certified Aides	32.81
Other Health Staff	15.93
Non-Health Staff	17.22
Totals	92.31

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
26.2%	54.4%	7.5%	2.9%	9.0%	100.0%		
3,147,229	6,529,795	900,665	346,704	1,081,663	12,006,056	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN-WENTWORTH REHAB & CARE
201 WEST 69TH STREET
CHICAGO, IL. 60621

Reference Numbers Facility ID 6009856
Health Service Area 006 Planning Service Area 603

Administrator
CHARLENE HILL-JEON

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/17/2014

Registered Agent Information
MARY CHELOTTI-SMITH
4200 W. PETERSON STREET
Chicago, IL 60646

Building		Reported Age
Building 1	ALDEN WENTWORTH REHAB	36
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	211
Total Admissions 2013	343
Total Discharges 2013	331
Residents on 12/31/2013	223

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	8
Mental Illness	68
Developmental Disability	0
Circulatory System	45
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	9
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	83
Non-Medical Conditions	0
TOTALS	223

Total Residents Diagnosed as Mentally Ill 68

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	300	262	227	262	223	77	300	300
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	300	262	227	262	223	77	300	300

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5475	5.0%	70233	64.1%	3777	132	741	0	80358	73.4%	84.0%
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	5475	5.0%	70233	64.1%	3777	132	741	0	80358	73.4%	84.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	16	0	0	0	0	0	0	2	16	18
45 to 59	11	36	0	0	0	0	0	0	11	36	47
60 to 64	11	15	0	0	0	0	0	0	11	15	26
65 to 74	20	20	0	0	0	0	0	0	20	20	40
75 to 84	20	24	0	0	0	0	0	0	20	24	44
85+	13	35	0	0	0	0	0	0	13	35	48
TOTALS	77	146	0	0	0	0	0	0	77	146	223

ALDEN-WENTWORTH REHAB & CARE
201 WEST 69TH STREET
CHICAGO, IL. 60621

Classification Numbers

License Number	6009856	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	187	6	2	8	0	223
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	187	6	2	8	0	223

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	206	0	0	0	206
Hawaiian/Pacific Isl.	0	0	0	0	0
White	17	0	0	0	17
Race Unknown	0	0	0	0	0
Total	223	0	0	0	223

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	219	0	0	0	219
Ethnicity Unknown	0	0	0	0	0
Total	223	0	0	0	223

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	25.00
Certified Aides	89.00
Other Health Staff	10.00
Non-Health Staff	61.00
Totals	210.00

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
22.2%	71.5%	4.3%	0.3%	1.7%	100.0%		
2,808,940	9,047,314	550,295	39,467	215,894	12,661,910	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALEDO REHAB & HEALTH CARE CTR
304 S.W. 12TH STREET
ALEDO, IL. 61231

Reference Numbers Facility ID 6003529
Health Service Area 010 Planning Service Area 131

Administrator
Scott Widener

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/1/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Aledo Rehab & Health Care Cen	31
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	51
Total Admissions 2013	82
Total Discharges 2013	80
Residents on 12/31/2013	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	80	62	80	53	27	80	80
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	80	62	80	53	27	80	80

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	902	3.1%	11028	37.8%	852	88	6964	0	19834	67.9%	67.9%
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	902	3.1%	11028	37.8%	852	88	6964	0	19834	67.9%	67.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	3	7	0	0	0	0	0	0	3	7	10
65 to 74	7	14	0	0	0	0	0	0	7	14	21
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	6	3	0	0	0	0	0	0	6	3	9
TOTALS	23	30	0	0	0	0	0	0	23	30	53

ALEDO REHAB & HEALTH CARE CTR
304 S.W. 12TH STREET
ALEDO, IL. 61231

Classification Numbers

License Number	6003529	
Health Service Area	010	
Planning Service Area	131	Mercer

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	30	0	2	19	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	30	0	2	19	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	105
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	1	0	0	0	1
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	1	0	0	0	1
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	8.00
Certified Aides	21.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	61.00

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
16.9%	53.1%	0.0%	1.5%	28.5%	100.0%		
436,078	1,367,989	0	37,870	732,956	2,574,893	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALHAMBRA CARE CENTER
417 EAST MAIN BOX 310
ALHAMBRA, IL. 62001

Reference Numbers Facility ID 6004014
Health Service Area 011 Planning Service Area 119

Administrator
Dede A. Weder

Contact Person and Telephone
DEDE A. WEDER
618-488-3565X200

Date Completed
4/1/2014

Registered Agent Information
Demaris (Dede) a. Weder
11501 Brothers Lane, PO Box 41
Highland, IL 62249

Building	Reported Age
Building 1 All built 1970	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	57
Total Admissions 2013	56
Total Discharges 2013	53
Residents on 12/31/2013	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	19
Mental Illness	18
Developmental Disability	2
Circulatory System	7
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	2
TOTALS	60

Total Residents Diagnosed as Mentally Ill 36

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	84	84	66	84	60	24	11	84
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	84	84	66	84	60	24	11	84

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1254	31.2%	9504	31.0%	0	0	5244	0	16002	52.2%	52.2%
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	1254	31.2%	9504	31.0%	0	0	5244	0	16002	52.2%	52.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85+	6	17	0	0	0	0	0	0	6	17	23
TOTALS	16	44	0	0	0	0	0	0	16	44	60

ALHAMBRA CARE CENTER
417 EAST MAIN BOX 310
ALHAMBRA, IL. 62001

Classification Numbers

License Number	6004014	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	45	0	0	12	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	45	0	0	12	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	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

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	14.00
Certified Aides	27.00
Other Health Staff	2.00
Non-Health Staff	22.00
Totals	72.00

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
7.0%	35.7%	0.0%	1.4%	55.9%	100.0%		
155,437	787,837	0	31,378	1,234,413	2,209,065	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALL AMERICAN NURSING HOME
5448 NORTH BROADWAY STREET
CHICAGO, IL. 60640

Reference Numbers Facility ID 6000087
Health Service Area 006 Planning Service Area 601

Administrator
Mary Claussen

Contact Person and Telephone
Mary Claussen
773-334-2224

Date Completed
3/18/2014

Registered Agent Information
Much Shelist
191 North Wacker Drive
Chicago, IL 60606

Building		Reported Age
Building 1	All American Nursing Home	85
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	130
Total Admissions 2013	248
Total Discharges 2013	245
Residents on 12/31/2013	133

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	8
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	96
Developmental Disability	6
Circulatory System	4
Respiratory System	1
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	133

Total Residents Diagnosed as Mentally Ill 119

Total Residents Reported as Identified Offenders 28

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	144	144	137	144	133	11	0	144
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	144	144	137	144	133	11	0	144

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	47283	90.0%	0	0	0	0	47283	90.0%	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	0	0.0%	47283	90.0%	0	0	0	0	47283	90.0%	90.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	14	3	0	0	0	0	0	0	14	3	17
45 to 59	52	12	0	0	0	0	0	0	52	12	64
60 to 64	15	6	0	0	0	0	0	0	15	6	21
65 to 74	17	4	0	0	0	0	0	0	17	4	21
75 to 84	7	1	0	0	0	0	0	0	7	1	8
85+	2	0	0	0	0	0	0	0	2	0	2
TOTALS	107	26	0	0	0	0	0	0	107	26	133

ALL AMERICAN NURSING HOME
5448 NORTH BROADWAY STREET
CHICAGO, IL. 60640

Classification Numbers

License Number	6000087	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	133	0	0	0	0	133
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	133	0	0	0	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	76	0	0	0	76
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	133	0	0	0	133

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	125	0	0	0	125
Ethnicity Unknown	0	0	0	0	0
Total	133	0	0	0	133

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	19.00
Certified Aides	33.00
Other Health Staff	9.00
Non-Health Staff	23.00
Totals	97.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	5,799,796	0	0	0	5,799,796	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALPHA COMMUNITY HOUSE
1701-18TH STREET
CHARLESTON, IL. 61920

Reference Numbers Facility ID 6000111
Health Service Area 004 Planning Service Area 029

Administrator
sherry newton

Contact Person and Telephone
Sherry Newton
217-398-0754 ext 13

Date Completed
4/1/2014

Registered Agent Information
Dave Krchak
30 E main St
Champaign, IL 61821

Building	Reported Age
Building 1 1701 18th st charleston Illinois	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	14	15	14	1		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	14	15	14	1	0	15

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5140	93.9%	0	0	0	0	5140	93.9%	93.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5140	93.9%	0	0	0	0	5140	93.9%	93.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	4	0	0	6	4	10
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	8	6	0	0	8	6	14

ALPHA COMMUNITY HOUSE
1701-18TH STREET
CHARLESTON, IL. 61920

Classification Numbers

License Number	6000111	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	145	145
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	9.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	620,446	0	0	0	620,446	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALPINE FIRESIDE HEALTH CENTER
3650 NORTH ALPINE ROAD
ROCKFORD, IL. 61114

Reference Numbers Facility ID 6000129
Health Service Area 001 Planning Service Area 201

Administrator
Gordon Oksnevad

Contact Person and Telephone
GORDON OKSNEVAD
815-877-7408

Date Completed
3/3/2014

Registered Agent Information
Gordon Oksnevad
3650 North Alpine Road
Rockford, IL 61114

Continuing Care Retirement Community

Building		Reported Age
Building 1	Alpine Fireside Health Center, Lt	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	74
Total Admissions 2013	258
Total Discharges 2013	270
Residents on 12/31/2013	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	1
Circulatory System	13
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 14

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	66	66	61	66	47	19	32	66
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	33	33	18	33	15	18		
TOTAL BEDS	99	99	79	99	62	37	32	66

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5588	47.8%	8201	34.0%	0	282	4042	0	18113	75.2%	75.2%
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	7255	0	7255	60.2%	60.2%
TOTALS	5588	47.8%	8201	34.0%	0	282	11297	0	25368	70.2%	70.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	1	2	3	5
75 to 84	1	11	0	0	0	0	1	3	2	14	16
85+	3	28	0	0	0	0	2	8	5	36	41
TOTALS	6	41	0	0	0	0	3	12	9	53	62

ALPINE FIRESIDE HEALTH CENTER
3650 NORTH ALPINE ROAD
ROCKFORD, IL. 61114

Classification Numbers

License Number	6000129	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	18	0	1	11	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	15	0	15
TOTALS	17	18	0	1	26	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	265
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	170	155

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	15	61
Race Unknown	0	0	0	0	0
Total	47	0	0	15	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	45	0	0	15	60
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	15	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	11.00
Certified Aides	36.00
Other Health Staff	8.00
Non-Health Staff	26.00
Totals	97.00

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
58.7%	13.5%	0.0%	0.7%	27.1%	100.0%		
3,623,244	832,759	0	40,890	1,673,617	6,170,510	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALTON BLUFF ESTATES
821 WASHINGTON AVENUE
ALTON, IL. 62002

Reference Numbers Facility ID 6012397
Health Service Area 011 Planning Service Area 119

Administrator
Tammy Marsh

Contact Person and Telephone
Tammy Marsh
618-465-0044 ext. 1609

Date Completed
3/28/2014

Registered Agent Information
Tom Moehn
4 Emmie Kaus Lane
Alton, IL 62002

Building		Reported Age
Building 1	Alton Bluffs	24
Building 2	Fosterburg	19
Building 3	Lewis & Clark	22
Building 4	Lynhaven	23
Building 5	Twin Rivers	22

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-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5696	97.5%	0	0	0	0	5696	97.5%	97.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5696	97.5%	0	0	0	0	5696	97.5%	97.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	2	0	0	2	2	4
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	3	4	0	0	3	4	7
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

ALTON BLUFF ESTATES
821 WASHINGTON AVENUE
ALTON, IL. 62002

Classification Numbers

License Number	6012397	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	111
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	11.00
Non-Health Staff	0.00
Totals	16.00

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALTON MEMORIAL HOSPITAL-HATCH UNIT
ONE MEMORIAL DRIVE
ALTON, IL. 62002

Reference Numbers Facility ID 6000152
Health Service Area 011 Planning Service Area 119

Administrator
David A. Braasch

Contact Person and Telephone
Kelly Hebel, RN, MSN
618-463-7494

Date Completed
4/3/2014

Registered Agent Information

Building	Reported Age
Building 1 Hatch Wing	48
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	13
Total Admissions 2013	369
Total Discharges 2013	371
Residents on 12/31/2013	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	11

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	28	15	15	15	11	17	28	28
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	28	15	15	15	11	17	28	28

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3801	37.2%	199	1.9%	103	300	17	120	4540	44.4%	82.9%
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	3801	37.2%	199	1.9%	103	300	17	120	4540	44.4%	82.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	6	0	0	0	0	0	0	0	6	6
85+	3	0	0	0	0	0	0	0	3	0	3
TOTALS	3	8	0	0	0	0	0	0	3	8	11

ALTON MEMORIAL HOSPITAL-HATCH UNIT
ONE MEMORIAL DRIVE
ALTON, IL. 62002

Classification Numbers

License Number	6000152	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	0	0	1	0	2	13
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	0	0	1	0	2	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	999	666
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	11	0	0	0	11
Race Unknown	0	0	0	0	0
Total	11	0	0	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	11	0	0	0	11
Ethnicity Unknown	0	0	0	0	0
Total	11	0	0	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.70
LPN's	0.00
Certified Aides	5.00
Other Health Staff	4.50
Non-Health Staff	1.70
Totals	24.90

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
90.0%	0.0%	1.8%	8.3%	0.0%	100.0%		
1,351,796	0	26,326	124,148	0	1,502,270	44,190	2.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALTON REHAB & NURSING CENTER
3523 WICKENHAUSER
ALTON, IL. 62002

Reference Numbers Facility ID 6002778
Health Service Area 011 Planning Service Area 119

Administrator
Terrie Weible

Contact Person and Telephone
Terrie Weible
618-465-8887

Date Completed
3/27/2014

Registered Agent Information
Lawrence Y Scwartz
8710 N. McCormick Suite 219
Skokie, IL 60076

Building	Reported Age
Building 1 Nursing Facility	41
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	80
Total Admissions 2013	78
Total Discharges 2013	56
Residents on 12/31/2013	102

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	27
Mental Illness	8
Developmental Disability	1
Circulatory System	22
Respiratory System	18
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	102

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	181	181	109	181	102	79	132	181
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	181	181	109	181	102	79	132	181

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2026	4.2%	30171	45.7%	0	0	2571	0	34768	52.6%	52.6%
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	2026	4.2%	30171	45.7%	0	0	2571	0	34768	52.6%	52.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	2	0	0	0	0	0	0	1	2	3
45 to 59	13	7	0	0	0	0	0	0	13	7	20
60 to 64	6	7	0	0	0	0	0	0	6	7	13
65 to 74	8	10	0	0	0	0	0	0	8	10	18
75 to 84	10	22	0	0	0	0	0	0	10	22	32
85+	3	13	0	0	0	0	0	0	3	13	16
TOTALS	41	61	0	0	0	0	0	0	41	61	102

ALTON REHAB & NURSING CENTER
3523 WICKENHAUSER
ALTON, IL. 62002

Classification Numbers

License Number	6002778	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	81	0	0	7	0	102
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	81	0	0	7	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	21	0	0	0	21
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	12.00
Certified Aides	31.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	70.00

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
26.8%	66.2%	0.0%	0.0%	7.0%	100.0%		
1,446,092	3,566,009	0	0	376,451	5,388,552	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALVIN EADES CENTER
1000A WEST MICHIGAN
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013668
Health Service Area 003 Planning Service Area 137

Administrator
Bradley S. Barnes

Contact Person and Telephone
Bradley S. Barnes
217-245-9898

Date Completed
3/12/2014

Registered Agent Information
Bradley S. Barnes
905 West Superior Ave
Jacksonville, IL 62650

Building	Reported Age
Building 1 ICF/DD	21
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	1
Total Discharges 2013	2
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5350	91.6%	0	0	0	0	5350	91.6%	91.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5350	91.6%	0	0	0	0	5350	91.6%	91.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	9	0	0	0	9	0	9
18 to 44	0	0	0	0	5	0	0	0	5	0	5
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	15	0	0	0	15	0	15

ALVIN EADES CENTER
1000A WEST MICHIGAN
JACKSONVILLE, IL. 62650

Classification Numbers

License Number	6013668	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	240	120
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	7.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	9.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	515,849	0	0	0	515,849	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

AMBASSADOR NURSING & REHAB CENTER
4900 NORTH BERNARD
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000186
Health Service Area 006 Planning Service Area 601

Administrator
JOSH GRABER

Contact Person and Telephone
JOSH GRABER
773-583-7130

Date Completed
4/2/2013

Registered Agent Information
DAVID M. GROSS, ESQ.
240 FENCL LANE
Hillside, IL 60162

Building		Reported Age
Building 1	AMBASSADOR NURSING & RE	38
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	152
Total Admissions 2013	94
Total Discharges 2013	97
Residents on 12/31/2013	149

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	33
Mental Illness	0
Developmental Disability	0
Circulatory System	47
Respiratory System	12
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	4
Musculo-skeletal Disorders	14
Injuries and Poisonings	1
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	149

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 13

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	190	170	157	170	149	41	190	190
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	190	170	157	170	149	41	190	190

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4593	6.6%	47682	68.8%	0	289	2040	0	54604	78.7%	88.0%
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	4593	6.6%	47682	68.8%	0	289	2040	0	54604	78.7%	88.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	5	0	0	0	0	0	0	5	5	10
45 to 59	23	8	0	0	0	0	0	0	23	8	31
60 to 64	17	7	0	0	0	0	0	0	17	7	24
65 to 74	23	8	0	0	0	0	0	0	23	8	31
75 to 84	14	16	0	0	0	0	0	0	14	16	30
85+	9	14	0	0	0	0	0	0	9	14	23
TOTALS	91	58	0	0	0	0	0	0	91	58	149

AMBASSADOR NURSING & REHAB CENTER
4900 NORTH BERNARD
CHICAGO, IL. 60625

Classification Numbers

License Number	6000186	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	130	0	0	4	0	149
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	130	0	0	4	0	149

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	33	0	0	0	33
Hawaiian/Pacific Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	149	0	0	0	149

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	63	0	0	0	63
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	149	0	0	0	149

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.43
LPN's	11.61
Certified Aides	41.00
Other Health Staff	0.00
Non-Health Staff	32.41
Totals	102.45

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
24.5%	68.6%	0.0%	1.6%	5.3%	100.0%		
2,390,658	6,678,302	0	156,113	513,766	9,738,839	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

AMBERWOOD NURSING & REHAB CTR
2313 NORTH ROCKTON
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6001267
Health Service Area 001 Planning Service Area 201

Administrator
Sherry Head

Contact Person and Telephone
SHERRY HEAD
815-964-2200

Date Completed
4/2/2014

Registered Agent Information
Kenneth Ripistein
8140 River Drive
Morton Grove, IL 60053

Building		Reported Age
Building 1	Amberwood Care Centre/Origina	50
Building 2	Addition	42
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	118
Total Admissions 2013	269
Total Discharges 2013	271
Residents on 12/31/2013	116

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	24
Developmental Disability	0
Circulatory System	10
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	5
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	44
Non-Medical Conditions	2
TOTALS	116

Total Residents Diagnosed as Mentally Ill 66

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	143	137	126	137	116	27	143	143
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	143	137	126	137	116	27	143	143

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4877	9.3%	32809	62.9%	0	778	4287	0	42751	81.9%	85.5%
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	4877	9.3%	32809	62.9%	0	778	4287	0	42751	81.9%	85.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	6	5	0	0	0	0	0	0	6	5	11
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	14	15	0	0	0	0	0	0	14	15	29
75 to 84	18	26	0	0	0	0	0	0	18	26	44
85+	6	16	0	0	0	0	0	0	6	16	22
TOTALS	50	66	0	0	0	0	0	0	50	66	116

AMBERWOOD NURSING & REHAB CTR
2313 NORTH ROCKTON
ROCKFORD, IL. 61103

Classification Numbers

License Number	6001267	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	84	0	0	11	0	116
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	84	0	0	11	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	21	0	0	0	21
Hawaiian/Pacific Isl.	93	0	0	0	93
White	2	0	0	0	2
Race Unknown	0	0	0	0	0
Total	116	0	0	0	116

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	116	0	0	0	116

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	8.00
Certified Aides	34.00
Other Health Staff	1.00
Non-Health Staff	27.00
Totals	78.00

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
29.3%	50.9%	0.0%	13.6%	6.2%	100.0%		
2,390,636	4,160,210	0	1,111,555	507,565	8,169,966	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

AMBOY TERRACE
200 WEST HAWLEY
AMBOY, IL. 61310

Reference Numbers Facility ID 6012801
Health Service Area 001 Planning Service Area 103

Administrator
Ron Heiderscheit

Contact Person and Telephone
Ron Heiderscheit
815-288-6691 ext. 269

Date Completed
4/4/2014

Registered Agent Information
Jeff Stauter
500 Anchor Road
Dixon, IL 61021

Building	Reported Age
Building 1	21
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	3
Total Discharges 2013	3
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5465	93.6%	0	0	0	0	5465	93.6%	93.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5465	93.6%	0	0	0	0	5465	93.6%	93.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	1	3	0	0	1	3	4
85+	0	0	0	0	1	2	0	0	1	2	3
TOTALS	0	0	0	0	4	12	0	0	4	12	16

AMBOY TERRACE
200 WEST HAWLEY
AMBOY, IL. 61310

Classification Numbers

License Number	6012801	
Health Service Area	001	
Planning Service Area	103	Lee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	179	170
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	0.00
LPN's	1.00
Certified Aides	13.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	16.50

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%	12.7%	87.3%	0.0%	0.0%	100.0%		
0	122,602	844,926	0	0	967,528	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ANDOVER
4636 W ANDOVER
PEORIA, IL. 61615

Reference Numbers Facility ID 6013387
Health Service Area 002 Planning Service Area 143

Administrator
Autumn Ostergaard

Contact Person and Telephone
Autumn Ostergaard
309-219-4997

Date Completed
4/4/2014

Registered Agent Information
Julie Kim Cornwell
29817 Woodfield Dr
Mackinaw, IL 61755

Building	Reported Age
Building 1 Andover	22
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	1
Total Discharges 2013	2
Residents on 12/31/2013	3

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	3
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	3

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	3	1		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	3	1	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			1357	92.9%	0	0	0	0	1357	92.9%	92.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1357	92.9%	0	0	0	0	1357	92.9%	92.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	2	0	2
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	3	0	0	0	3	0	3

ANDOVER
4636 W ANDOVER
PEORIA, IL. 61615

Classification Numbers

License Number	6013387	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		3	0	0	0	0	3
Sheltered Care			0	0	0	0	0
TOTALS	0	3	0	0	0	0	3

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	201	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	3	0	3

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	3	0	3
Ethnicity Unknown	0	0	0	0	0
Total	0	0	3	0	3

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.20
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	3.70
Totals	4.15

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%	82.3%	0.0%	0.0%	17.7%	100.0%		
0	237,162	0	0	50,832	287,994	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ANNA REHAB AND NURSING CENTER
315 BRADY MILL ROAD
ANNA, IL. 62906

Reference Numbers Facility ID 6001788
Health Service Area 005 Planning Service Area 181

Administrator
Steve Emling

Contact Person and Telephone
Steve Emling
618-833-6343

Date Completed
3/31/2014

Registered Agent Information
Law Offices of Lawrence Y. Schwartz
8170 N. Mc. Cormick Blvd. Suite #219
Skokie, IL 60076

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	30
Total Admissions 2013	46
Total Discharges 2013	49
Residents on 12/31/2013	27

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	33

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	70	70	41	70	33	37	70	70
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	70	70	41	70	33	37	70	70

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	930	3.6%	10333	40.4%	0	45	1301	0	12609	49.4%	49.4%
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	930	3.6%	10333	40.4%	0	45	1301	0	12609	49.4%	49.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	2	0	0	0	0	0	0	5	2	7
75 to 84	3	10	0	0	0	0	0	0	3	10	13
85+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	12	21	0	0	0	0	0	0	12	21	33

ANNA REHAB AND NURSING CENTER
315 BRADY MILL ROAD
ANNA, IL. 62906

Classification Numbers

License Number	6001788	
Health Service Area	005	
Planning Service Area	181	Union

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	24	0	0	2	0	33
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	24	0	0	2	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	30	0	0	0	30
Race Unknown	0	0	0	0	0
Total	33	0	0	0	33

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	33	0	0	0	33
Ethnicity Unknown	0	0	0	0	0
Total	33	0	0	0	33

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	5.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	41.00

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
34.1%	58.5%	0.0%	0.8%	6.6%	100.0%		
803,291	1,378,104	0	19,623	156,046	2,357,064	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ANNA TERRACE
408 ANNA STREET
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013775
Health Service Area 003 Planning Service Area 137

Administrator
Suzanne McMillan

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building		Reported Age
Building 1	Anna Terrace	20
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	5
Total Admissions 2013	1
Total Discharges 2013	0
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	0	0	0	3	0	3
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	6	0	0	0	6	0	6

ANNA TERRACE
408 ANNA STREET
JACKSONVILLE, IL. 62650

Classification Numbers

License Number	6013775	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	176
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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	362,053	0	0	0	362,053	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

APOS. CHRISTIAN TIMBER RIDGE
2125 VETERANS ROAD
MORTON, IL. 61550

Reference Numbers Facility ID 6000418
Health Service Area 002 Planning Service Area 179

Administrator
Ron Messner

Contact Person and Telephone
Michael A. Prevo
309-266-9781

Date Completed
3/25/2014

Registered Agent Information
Ron Messner
2125 Veterans Road
Morton, IL 61550

Building	Reported Age
Building 1 Timber Ridge	42
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	73
Total Admissions 2013	9
Total Discharges 2013	15
Residents on 12/31/2013	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	67
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	67

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	74	74	73	74	67	7		74
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	73	74	67	7	0	74

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			25383	94.0%	0	0	0	0	25383	94.0%	94.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	25383	94.0%	0	0	0	0	25383	94.0%	94.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	15	16	0	0	15	16	31
45 to 59	0	0	0	0	10	8	0	0	10	8	18
60 to 64	0	0	0	0	1	10	0	0	1	10	11
65 to 74	0	0	0	0	1	4	0	0	1	4	5
75 to 84	0	0	0	0	0	2	0	0	0	2	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	27	40	0	0	27	40	67

APOS. CHRISTIAN TIMBER RIDGE
2125 VETERANS ROAD
MORTON, IL. 61550

Classification Numbers

License Number	6000418	
Health Service Area	002	
Planning Service Area	179	Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		67	0	0	0	0	67
Sheltered Care			0	0	0	0	0
TOTALS	0	67	0	0	0	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	152	152
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	66	0	66
Race Unknown	0	0	0	0	0
Total	0	0	67	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	67	0	67
Ethnicity Unknown	0	0	0	0	0
Total	0	0	67	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.50
LPN's	8.50
Certified Aides	50.60
Other Health Staff	11.80
Non-Health Staff	33.30
Totals	117.70

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%	84.1%	0.0%	0.0%	15.9%	100.0%		
0	3,271,613	0	0	617,172	3,888,785	223,542	5.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

APOSTOLIC - ROANOKE
1102 WEST RANDOLPH ST.
ROANOKE, IL. 61561

Reference Numbers Facility ID 6000384
Health Service Area 002 Planning Service Area 203

Administrator
Richard D. Isaia

Contact Person and Telephone
RICHARD D. ISAIA
309-923-2071

Date Completed
4/1/2014

Registered Agent Information
Richard Isaia
1102 W. Randolph St., Po Box 530
Roanoke, IL 61561

Building		Reported Age
Building 1	Apostolic Christian Home of Roa	56
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	56
Total Admissions 2013	57
Total Discharges 2013	61
Residents on 12/31/2013	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 33

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	60	60	60	52	8	31	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	60	60	60	52	8	31	60

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1775	15.7%	10501	47.9%	0	0	8265	0	20541	93.8%	93.8%
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	1775	15.7%	10501	47.9%	0	0	8265	0	20541	93.8%	93.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	2	0	0	0	0	0	0	0	2	0	2
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	11	26	0	0	0	0	0	0	11	26	37
TOTALS	18	34	0	0	0	0	0	0	18	34	52

APOSTOLIC - ROANOKE
1102 WEST RANDOLPH ST.
ROANOKE, IL. 61561

Classification Numbers

License Number	6000384	
Health Service Area	002	
Planning Service Area	203	Woodford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	30	0	0	17	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	30	0	0	17	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	222	207
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	4.00
Certified Aides	18.00
Other Health Staff	2.00
Non-Health Staff	26.00
Totals	53.00

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
8.0%	34.0%	0.0%	0.0%	58.0%	100.0%		
345,579	1,468,233	0	0	2,505,651	4,319,463	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

APOSTOLIC CHRISTIAN - EUREKA
610 CRUGER
EUREKA, IL. 61530

Reference Numbers Facility ID 6002885
Health Service Area 002 Planning Service Area 203

Administrator
Thomas A. Hoffman

Contact Person and Telephone
KIM JOOS
309-467-233

Date Completed
4/3/2013

Registered Agent Information

Continuing Care Retirement Community

Building		Reported Age
Building 1	Original Quad Building	48
Building 2	South Expansion Building	40
Building 3	Dementia Unit Expansion	20
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	107
Total Admissions 2013	37
Total Discharges 2013	47
Residents on 12/31/2013	97

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	44
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	97

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	102	102	99	91	90	12	100	100
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	10	9	9	9	7	3		
TOTAL BEDS	112	111	108	100	97	15	100	100

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	931	2.6%	6830	18.7%	0	0	25893	39	33693	90.5%	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	3005	0	3005	82.3%	91.5%
TOTALS	931	2.6%	6830	18.7%	0	0	28898	39	36698	89.8%	90.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	15	57	0	0	0	0	2	5	17	62	79
TOTALS	21	69	0	0	0	0	2	5	23	74	97

APOSTOLIC CHRISTIAN - EUREKA
610 CRUGER
EUREKA, IL. 61530

Classification Numbers

License Number	6002885	
Health Service Area	002	
Planning Service Area	203	Woodford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	17	0	0	70	0	90
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	7	0	7
TOTALS	3	17	0	0	77	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	188
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	124	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	90	0	0	7	97
Race Unknown	0	0	0	0	0
Total	90	0	0	7	97

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	90	0	0	7	97
Ethnicity Unknown	0	0	0	0	0
Total	90	0	0	7	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	8.00
Certified Aides	56.00
Other Health Staff	1.00
Non-Health Staff	42.00
Totals	126.00

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
6.2%	13.9%	0.0%	0.0%	79.9%	100.0%		
401,425	898,274	0	0	5,160,043	6,459,742	7,319	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

APOSTOLIC CHRISTIAN RESTMOR
1500 PARKSIDE DR.
MORTON, IL. 61550

Reference Numbers Facility ID 6000400
Health Service Area 002 Planning Service Area 179

Administrator
John Kelley

Contact Person and Telephone
MICHAEL KAISER

Date Completed
3/20/2014

Registered Agent Information
James Benckendorf
100 N. Main
Morton, IL 61550

Building	Reported Age
Building 1 Skilled Nursing	6
Building 2 Shelter Care	6
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	118
Total Admissions 2013	92
Total Discharges 2013	93
Residents on 12/31/2013	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	15
Mental Illness	11
Developmental Disability	0
Circulatory System	17
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	49
Non-Medical Conditions	0
TOTALS	117

Total Residents Diagnosed as Mentally Ill 26

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	116	116	116	116	109	7	42	34
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	12	12	10	12	8	4		
TOTAL BEDS	128	128	126	128	117	11	42	34

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3246	21.2%	5496	44.3%	0	379	30073	0	39194	92.6%	92.6%
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	3061	0	3061	69.9%	69.9%
TOTALS	3246	21.2%	5496	44.3%	0	379	33134	0	42255	90.4%	90.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	5	25	0	0	0	0	1	2	6	27	33
85+	20	54	0	0	0	0	2	3	22	57	79
TOTALS	26	83	0	0	0	0	3	5	29	88	117

APOSTOLIC CHRISTIAN RESTMOR
1500 PARKSIDE DR.
MORTON, IL. 61550

Classification Numbers

License Number	6000400	
Health Service Area	002	
Planning Service Area	179	Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	11	0	0	89	0	109
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	8	0	8
TOTALS	9	11	0	0	97	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	262	226
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	171	154

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	109	0	0	8	117
Race Unknown	0	0	0	0	0
Total	109	0	0	8	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	109	0	0	8	117
Ethnicity Unknown	0	0	0	0	0
Total	109	0	0	8	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	10.00
Certified Aides	59.00
Other Health Staff	11.00
Non-Health Staff	58.00
Totals	162.00

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
13.6%	7.6%	0.0%	1.1%	77.7%	100.0%		
1,435,855	807,082	0	113,700	8,210,158	10,566,795	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

APOSTOLIC CHRISTIAN SKYLINES
7023 NORTH EAST SKYLINE DRIVE
PEORIA, IL. 61614

Reference Numbers Facility ID 6000426
Health Service Area 002 Planning Service Area 143

Administrator
Matthew Feucht

Contact Person and Telephone
MATTHEW FEUCHT
309-683-2512

Date Completed
4/2/2014

Registered Agent Information
Matthew J. Feucht
7023 NE Skyline Drive
Peoria, IL 61614

Continuing Care Retirement Community

Building		Reported Age
Building 1	Apostolic Christian Skylines	49
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	73
Total Admissions 2013	38
Total Discharges 2013	54
Residents on 12/31/2013	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	29
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	57	57	57	57	55	2	57	20
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	10	10	10	10	2	8		
TOTAL BEDS	67	67	67	67	57	10	57	20

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1153	5.5%	4824	66.1%	0	0	14410	34	20421	98.2%	98.2%
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	9	5885	0	5894	161.5%	161.5%
TOTALS	1153	5.5%	4824	66.1%	0	9	20295	34	26315	107.6%	107.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	2	39	0	0	0	0	0	2	2	41	43
TOTALS	8	47	0	0	0	0	0	2	8	49	57

APOSTOLIC CHRISTIAN SKYLINES
7023 NORTH EAST SKYLINE DRIVE
PEORIA, IL. 61614

Classification Numbers

License Number	6000426	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	10	0	0	42	3	58
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	2	0	2
TOTALS	3	10	0	0	44	3	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	198
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	86	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	2	57
Race Unknown	0	0	0	0	0
Total	55	0	0	2	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	2	57
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	2	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	12.00
Certified Aides	55.00
Other Health Staff	2.00
Non-Health Staff	55.00
Totals	138.00

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
10.7%	11.8%	0.0%	0.0%	77.5%	100.0%		
522,861	574,089	0	0	3,774,266	4,871,216	6,523	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID 6000467
Health Service Area 007 Planning Service Area 705

Administrator
Dianne O'Connor

Contact Person and Telephone
DIANNE O'CONNOR
708-747-1300

Date Completed
4/1/2014

Registered Agent Information
Sarah Barrish
6840 N. Lincoln Ave
Liincolnwood, IL 60712

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	103
Total Admissions 2013	187
Total Discharges 2013	192
Residents on 12/31/2013	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	67
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 53

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	115	109	115	98	17	115	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	115	115	109	115	98	17	115	115

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4877	11.6%	29995	71.5%	0	492	2130	0	37494	89.3%	89.3%
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	4877	11.6%	29995	71.5%	0	492	2130	0	37494	89.3%	89.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	17	25	0	0	0	0	0	0	17	25	42
85+	6	31	0	0	0	0	0	0	6	31	37
TOTALS	31	67	0	0	0	0	0	0	31	67	98

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Classification Numbers

License Number	6000467	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	85	0	2	4	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	85	0	2	4	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	168
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	53	0	0	0	53
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	8.00
Certified Aides	44.00
Other Health Staff	2.00
Non-Health Staff	35.00
Totals	104.00

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
29.9%	41.1%	3.3%	6.6%	19.0%	100.0%		
2,303,870	3,166,323	256,136	510,259	1,462,567	7,699,155	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ARBOUR HEALTH CARE CENTER
1512 WEST FARGO
CHICAGO, IL. 60626

Reference Numbers Facility ID 6008155
Health Service Area 006 Planning Service Area 601

Administrator
Debra L. Patty

Contact Person and Telephone
Debra L. Patty
773-465-7751

Date Completed
3/7/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	95
Total Admissions 2013	272
Total Discharges 2013	273
Residents on 12/31/2013	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	14
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	30
Developmental Disability	0
Circulatory System	6
Respiratory System	16
Digestive System	9
Genitourinary System Disorders	9
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 72

Total Residents Reported as Identified Offenders 12

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	99	99	94	5	0	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	94	5	0	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	33732	93.3%	0	0	458	0	34190	94.6%	94.6%
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	0	0.0%	33732	93.3%	0	0	458	0	34190	94.6%	94.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	7	0	0	0	0	0	0	4	7	11
45 to 59	23	8	0	0	0	0	0	0	23	8	31
60 to 64	14	6	0	0	0	0	0	0	14	6	20
65 to 74	14	8	0	0	0	0	0	0	14	8	22
75 to 84	6	1	0	0	0	0	0	0	6	1	7
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	62	32	0	0	0	0	0	0	62	32	94

ARBOUR HEALTH CARE CENTER
1512 WEST FARGO
CHICAGO, IL. 60626

Classification Numbers

License Number	6008155	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	93	0	0	1	0	94
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	93	0	0	1	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	51	0	0	0	51
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	1	0	0	0	1
Total	94	0	0	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	91	0	0	0	91
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	10.00
Certified Aides	19.00
Other Health Staff	2.00
Non-Health Staff	30.00
Totals	69.00

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
0.0%	0.0%	98.1%	0.0%	1.9%	100.0%		
0	0	3,915,836	0	76,575	3,992,411	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ARCOLA HEALTHCARE CARE CENTER
422 EAST FOURTH STREET
ARCOLA, IL. 61910

Reference Numbers Facility ID 6009823
Health Service Area 004 Planning Service Area 041

Administrator
Jamie Patton

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/26/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Arcola Health Care Center/Nursi	39
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	74
Total Admissions 2013	28
Total Discharges 2013	31
Residents on 12/31/2013	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	34
Developmental Disability	3
Circulatory System	9
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	71

Total Residents Diagnosed as Mentally Ill 59

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	100	100	75	100	71	29	50	100
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	75	100	71	29	50	100

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1137	6.2%	20609	56.5%	1103	237	2472	0	25558	70.0%	70.0%
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	1137	6.2%	20609	56.5%	1103	237	2472	0	25558	70.0%	70.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	10	3	0	0	0	0	0	0	10	3	13
60 to 64	1	7	0	0	0	0	0	0	1	7	8
65 to 74	9	9	0	0	0	0	0	0	9	9	18
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	4	12	0	0	0	0	0	0	4	12	16
TOTALS	31	40	0	0	0	0	0	0	31	40	71

ARCOLA HEALTHCARE CARE CENTER
422 EAST FOURTH STREET
ARCOLA, IL. 61910

Classification Numbers

License Number	6009823	
Health Service Area	004	
Planning Service Area	041	Douglas

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	61	0	0	8	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	61	0	0	8	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	11.00
Certified Aides	24.00
Other Health Staff	2.00
Non-Health Staff	24.00
Totals	65.00

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
15.0%	71.6%	0.0%	3.1%	10.3%	100.0%		
445,535	2,123,092	0	91,095	303,970	2,963,692	3,535	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ARIA POST ACUTE CARE
4600 NORTH FRONTAGE ROAD
HILLSIDE, IL. 60162

Reference Numbers Facility ID 6014906
Health Service Area 007 Planning Service Area 704

Administrator
Mo Polstein

Contact Person and Telephone
Mo Polstein
708-544-9933

Date Completed
4/3/2014

Registered Agent Information
Corporation Service Company
801 Adlai Stevenson Dr.
Springfield, IL 62703

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	81
Mental Illness	0
Developmental Disability	0
Circulatory System	38
Respiratory System	7
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	172

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Aria Post Acute Care	18
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	181
Total Admissions 2013	469
Total Discharges 2013	490
Residents on 12/31/2013	160

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	198	198	195	198	172	26	198	190
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	198	198	195	198	172	26	198	190

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9463	13.1%	43851	63.2%	4773	2478	2602	0	63167	87.4%	87.4%
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	9463	13.1%	43851	63.2%	4773	2478	2602	0	63167	87.4%	87.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	12	6	0	0	0	0	0	0	12	6	18
60 to 64	6	9	0	0	0	0	0	0	6	9	15
65 to 74	15	10	0	0	0	0	0	0	15	10	25
75 to 84	25	13	0	0	0	0	0	0	25	13	38
85+	12	51	0	0	0	0	0	0	12	51	63
TOTALS	71	89	0	0	0	0	0	0	71	89	160

ARIA POST ACUTE CARE
4600 NORTH FRONTAGE ROAD
HILLSIDE, IL. 60162

Classification Numbers

License Number	6014906	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	115	12	6	7	0	160
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	115	12	6	7	0	160

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	290	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	117	0	0	0	117
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	160	0	0	0	160

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	154	0	0	0	154
Ethnicity Unknown	0	0	0	0	0
Total	160	0	0	0	160

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	31.00
Certified Aides	53.00
Other Health Staff	6.00
Non-Health Staff	39.00
Totals	153.00

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
35.0%	49.1%	6.7%	6.4%	2.8%	100.0%		
4,933,664	6,919,284	945,575	904,262	397,628	14,100,413	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	9/28/2012	Formerly The Renaissance at Hillside.
CHOW	9/28/2012	Change of ownership occurred.

ARLINGTON REHAB & LIVING CENTER
1666 CHECKER ROAD
LONG GROVE, IL. 60047

Reference Numbers Facility ID 6014344
Health Service Area 008 Planning Service Area 097

Administrator
Ted O'Brien

Contact Person and Telephone
Jamie Dlatt
847-337-7308

Date Completed
4/4/2014

Registered Agent Information
Charles P. Sheets
161 N. Clark St., Ste 4200
Chicago, IL 60601

Building	Reported Age
Building 1	21
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	165
Total Admissions 2013	280
Total Discharges 2013	272
Residents on 12/31/2013	173

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	15
Endocrine/Metabolic	33
Blood Disorders	6
*Nervous System Non Alzheimer	31
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	53
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	173

Total Residents Diagnosed as Mentally Ill 87

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	190	190	178	190	173	17	190	190
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	190	190	178	190	173	17	190	190

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6623	9.6%	39931	57.6%	4050	601	7633	0	58838	84.8%	84.8%
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	6623	9.6%	39931	57.6%	4050	601	7633	0	58838	84.8%	84.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	1	0	0	0	0	0	0	1	1	2
45 to 59	5	5	0	0	0	0	0	0	5	5	10
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	10	17	0	0	0	0	0	0	10	17	27
75 to 84	22	31	0	0	0	0	0	0	22	31	53
85+	20	56	0	0	0	0	0	0	20	56	76
TOTALS	59	114	0	0	0	0	0	0	59	114	173

ARLINGTON REHAB & LIVING CENTER
1666 CHECKER ROAD
LONG GROVE, IL. 60047

Classification Numbers

License Number	6014344	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	117	8	3	25	0	173
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	117	8	3	25	0	173

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	65	0	0	0	65
Total	173	0	0	0	173

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	105	0	0	0	105
Ethnicity Unknown	65	0	0	0	65
Total	173	0	0	0	173

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.34
LPN's	45.19
Certified Aides	119.05
Other Health Staff	17.92
Non-Health Staff	95.86
Totals	301.36

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
28.5%	50.7%	5.1%	1.7%	13.9%	100.0%		
3,340,090	5,938,964	598,904	199,963	1,626,706	11,704,627	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ARTHUR HOME
423 S EBERHARDT DRIVE
ARTHUR, IL. 61911

Reference Numbers Facility ID 6000517
Health Service Area 004 Planning Service Area 139

Administrator
Valerie Logsdon

Contact Person and Telephone
Valerie Logsdon
217-543-2103

Date Completed
3/27/2014

Registered Agent Information
Rick Weger
106 E. Columbia

Continuing Care Retirement Community

Building		Reported Age
Building 1	Old Wing-First building for Facilit	55
Building 2	New Wing-add on to building 1	38
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	44
Total Admissions 2013	57
Total Discharges 2013	54
Residents on 12/31/2013	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	8
Mental Illness	2
Developmental Disability	0
Circulatory System	17
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	53	53	48	53	47	6	53	53
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	53	53	48	53	47	6	53	53

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1767	9.1%	4122	21.3%	0	0	7441	0	13330	68.9%	68.9%
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	1767	9.1%	4122	21.3%	0	0	7441	0	13330	68.9%	68.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	2	5	0	0	0	0	0	0	2	5	7
85+	7	26	0	0	0	0	0	0	7	26	33
TOTALS	10	37	0	0	0	0	0	0	10	37	47

ARTHUR HOME
423 S EBERHARDT DRIVE
ARTHUR, IL. 61911

Classification Numbers

License Number	6000517	
Health Service Area	004	
Planning Service Area	139	Moultrie

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	12	0	0	23	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	12	0	0	23	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	179
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	46	0	0	0	46
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	6.00
Certified Aides	13.00
Other Health Staff	5.00
Non-Health Staff	22.00
Totals	49.00

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
29.0%	18.7%	0.0%	0.0%	52.3%	100.0%		
919,287	592,554	0	0	1,659,151	3,170,992	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	7/17/2012	Facility discontinued 8 Nursing Care beds; facility now has 53 Nursing Care beds.

ASHTON TERRACE
307 ALAN STREET
ASHTON, IL. 61006

Reference Numbers Facility ID 6012843
Health Service Area 001 Planning Service Area 103

Administrator
Patricia Howard

Contact Person and Telephone
Ron Heiderscheit
815-288-6691 Ext 269

Date Completed
3/25/2014

Registered Agent Information
Jeffrey Stauter
500 Anchor Road
Dixon, IL 61021

Building		Reported Age
Building 1	Ashton Terrace Group Home	22
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5834	99.9%	0	0	0	0	5834	99.9%	99.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5834	99.9%	0	0	0	0	5834	99.9%	99.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	0	0	0	3	0	3
45 to 59	0	0	0	0	6	3	0	0	6	3	9
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	6	0	0	10	6	16

ASHTON TERRACE
307 ALAN STREET
ASHTON, IL. 61006

Classification Numbers

License Number	6012843	
Health Service Area	001	
Planning Service Area	103	Lee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	138	132
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	1	0	1
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	15	0	15
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	9.25
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	12.00

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
0.0%	13.5%	86.3%	0.0%	0.2%	100.0%		
0	103,980	662,101	0	1,393	767,474	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ASPEN REHAB & HEALTH CARE
1403 9TH AVENUE
SILVIS, IL. 61282

Reference Numbers Facility ID 6008205
Health Service Area 010 Planning Service Area 161

Administrator
Shelley Katzenburger

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/26/2014

Registered Agent Information
Marikay L, Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Aspen Rehab & Health Care/Nur	43
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	53
Total Admissions 2013	43
Total Discharges 2013	49
Residents on 12/31/2013	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	13
Developmental Disability	0
Circulatory System	13
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 34

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	63	59	59	59	47	16	0	63
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	63	59	59	59	47	16	0	63

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	14355	62.4%	3323	0	856	0	18534	80.6%	86.1%
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	0	0.0%	14355	62.4%	3323	0	856	0	18534	80.6%	86.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	5	5	0	0	0	0	0	0	5	5	10
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	3	12	0	0	0	0	0	0	3	12	15
TOTALS	16	31	0	0	0	0	0	0	16	31	47

ASPEN REHAB & HEALTH CARE
1403 9TH AVENUE
SILVIS, IL. 61282

Classification Numbers

License Number	6008205	
Health Service Area	010	
Planning Service Area	161	Rock Island

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	47	0	0	0	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	47	0	0	0	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	3	0	0	0	3
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	44	0	0	0	44
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	19.00
Other Health Staff	1.00
Non-Health Staff	17.00
Totals	48.00

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
0.0%	94.3%	0.0%	0.0%	5.7%	100.0%		
0	2,196,376	0	0	131,825	2,328,201	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ASSISI HEALTHCARE CENTER AT CLARE OAKS
829 CARILLON DRIVE
BARTLETT, IL. 60103

Reference Numbers Facility ID 6016273
Health Service Area 007 Planning Service Area 701

Administrator
Tiffany Barton

Contact Person and Telephone
TIFFANY BARTON
630-483-4742

Date Completed
4/3/2014

Registered Agent Information
Corporation Service Company
2711 Centerville Road
Wilington, DE 19808

Continuing Care Retirement Community
Life Care Facility

Building		Reported Age
Building 1	Clare Oaks - CCRC	6
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	88
Total Admissions 2013	564
Total Discharges 2013	549
Residents on 12/31/2013	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	15
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	23
Injuries and Poisonings	8
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	118	114	118	103	17	120	30
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	118	114	118	103	17	120	30

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	16639	38.0%	6253	57.1%	0	1415	12097	291	36695	83.8%	85.2%
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	16639	38.0%	6253	57.1%	0	1415	12097	291	36695	83.8%	85.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	12	0	0	0	0	0	0	3	12	15
75 to 84	3	26	0	0	0	0	0	0	3	26	29
85+	25	34	0	0	0	0	0	0	25	34	59
TOTALS	31	72	0	0	0	0	0	0	31	72	103

ASSISI HEALTHCARE CENTER AT CLARE OAKS
829 CARILLON DRIVE
BARTLETT, IL. 60103

Classification Numbers

License Number	6016273	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	49	16	0	2	35	1	103
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	49	16	0	2	35	1	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	312	217
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	103	0	0	0	103

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.79
LPN's	15.80
Certified Aides	38.43
Other Health Staff	8.07
Non-Health Staff	57.23
Totals	136.32

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
62.1%	7.8%	0.0%	4.0%	26.1%	100.0%		
7,492,807	945,611	0	481,376	3,152,175	12,071,969	68,504	0.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ASTA CARE CENTER - BLOOMINGTON
1509 NORTH CALHOUN STREET
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6001010
Health Service Area 004 Planning Service Area 113

Administrator
Joe Agnello

Contact Person and Telephone
Joe Agnello
309-827-6046

Date Completed
3/25/2014

Registered Agent Information
Michael Gillman
134 McLean Blvd.
Elgin, IL 60123

Building	Reported Age
Building 1	41
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	82
Total Admissions 2013	111
Total Discharges 2013	93
Residents on 12/31/2013	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	12
Mental Illness	2
Developmental Disability	3
Circulatory System	25
Respiratory System	15
Digestive System	3
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 36

Total Residents Reported as Identified Offenders 8

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	117	109	105	109	100	17	79	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	117	109	105	109	100	17	79	115

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3375	11.7%	28830	68.7%	786	213	2861	0	36065	84.5%	90.6%
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	3375	11.7%	28830	68.7%	786	213	2861	0	36065	84.5%	90.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	10	5	0	0	0	0	0	0	10	5	15
60 to 64	7	5	0	0	0	0	0	0	7	5	12
65 to 74	13	14	0	0	0	0	0	0	13	14	27
75 to 84	9	14	0	0	0	0	0	0	9	14	23
85+	9	12	0	0	0	0	0	0	9	12	21
TOTALS	48	52	0	0	0	0	0	0	48	52	100

ASTA CARE CENTER - BLOOMINGTON
1509 NORTH CALHOUN STREET
BLOOMINGTON, IL. 61701

Classification Numbers

License Number	6001010	
Health Service Area	004	
Planning Service Area	113	McLean

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	83	2	0	10	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	83	2	0	10	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	12.00
Certified Aides	37.00
Other Health Staff	7.00
Non-Health Staff	31.00
Totals	94.00

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
24.3%	63.3%	1.5%	3.5%	7.4%	100.0%		
1,742,866	4,545,373	105,183	254,326	529,815	7,177,563	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ASTA CARE CENTER - FORD COUNTY
1240 N. MARKET STREET
PAXTON, IL. 60957

Reference Numbers Facility ID 6003206
Health Service Area 004 Planning Service Area 053

Administrator
Norm Gross

Contact Person and Telephone
Norm Gross
217-379-4896

Date Completed
4/2/2014

Registered Agent Information

Building		Reported Age
Building 1	Asta Care Center-Ford County	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	63
Total Admissions 2013	46
Total Discharges 2013	52
Residents on 12/31/2013	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	6
Mental Illness	3
Developmental Disability	1
Circulatory System	12
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	76	76	65	76	57	19	58	76
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	76	76	65	76	57	19	58	76

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2090	9.9%	13833	49.9%	0	0	2219	0	18142	65.4%	65.4%
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	2090	9.9%	13833	49.9%	0	0	2219	0	18142	65.4%	65.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	4	15	0	0	0	0	0	0	4	15	19
75 to 84	1	30	0	0	0	0	0	0	1	30	31
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	9	48	0	0	0	0	0	0	9	48	57

ASTA CARE CENTER - FORD COUNTY
1240 N. MARKET STREET
PAXTON, IL. 60957

Classification Numbers

License Number	6003206	
Health Service Area	004	
Planning Service Area	053	Ford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	44	0	1	7	0	57
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	44	0	1	7	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	23.00
Other Health Staff	1.00
Non-Health Staff	31.00
Totals	66.00

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
27.4%	57.9%	0.0%	3.0%	11.6%	100.0%		
974,040	2,058,189	0	108,276	411,823	3,552,328	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Asta Care Center of COLFAX
402 SOUTH HARRISON
COLFAX, IL. 61728

Reference Numbers Facility ID 6006852
Health Service Area 004 Planning Service Area 113

Administrator
Kim Colbrook

Contact Person and Telephone
Kim Colbrook
309-723-2591

Date Completed
3/25/2014

Registered Agent Information
Craig Frank
402 S Harrison Street
Colfax, IL 61728

Life Care Facility

Building	Reported Age
Building 1 Asta Care Center of Colfax	43
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	35
Total Admissions 2013	38
Total Discharges 2013	37
Residents on 12/31/2013	36

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	6
Mental Illness	6
Developmental Disability	0
Circulatory System	8
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	36

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	60	44	60	36	24	60	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	60	44	60	36	24	60	60

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	936	4.3%	9533	43.5%	0	14	2906	0	13389	61.1%	61.1%
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	936	4.3%	9533	43.5%	0	14	2906	0	13389	61.1%	61.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	4	15	0	0	0	0	0	0	4	15	19
TOTALS	10	26	0	0	0	0	0	0	10	26	36

Asta Care Center of COLFAX
402 SOUTH HARRISON
COLFAX, IL. 61728

Classification Numbers

License Number	6006852	
Health Service Area	004	
Planning Service Area	113	McLean

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	27	0	2	6	0	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	27	0	2	6	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	36	0	0	0	36
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	13.00
Other Health Staff	4.00
Non-Health Staff	12.00
Totals	41.00

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
21.5%	50.3%	0.0%	1.3%	26.9%	100.0%		
463,307	1,084,538	0	28,590	579,425	2,155,860	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ASTA CARE CENTER OF ELGIN
134 NORTH MCLEAN BOULEVARD
ELGIN, IL. 60123

Reference Numbers Facility ID 6005847
Health Service Area 008 Planning Service Area 089

Administrator
david meiselman

Contact Person and Telephone
david meiselman
847-331-2047

Date Completed
4/2/2014

Registered Agent Information
michael gillman
134 n mclean ave
Elgin, IL 60123

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	80
Total Admissions 2013	88
Total Discharges 2013	78
Residents on 12/31/2013	90

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	20
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	7
Developmental Disability	0
Circulatory System	6
Respiratory System	5
Digestive System	7
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	27
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	90

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	102	99	97	99	90	12	52	102
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	102	99	97	99	90	12	52	102

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4507	23.7%	24465	65.7%	0	1130	0	0	30102	80.9%	83.3%
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	4507	23.7%	24465	65.7%	0	1130	0	0	30102	80.9%	83.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	0	0	0	0	2	2
45 to 59	14	8	0	0	0	0	0	0	14	8	22
60 to 64	6	7	0	0	0	0	0	0	6	7	13
65 to 74	10	16	0	0	0	0	0	0	10	16	26
75 to 84	12	9	0	0	0	0	0	0	12	9	21
85+	2	4	0	0	0	0	0	0	2	4	6
TOTALS	44	46	0	0	0	0	0	0	44	46	90

ASTA CARE CENTER OF ELGIN
134 NORTH MCLEAN BOULEVARD
ELGIN, IL. 60123

Classification Numbers

License Number	6005847	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	68	0	0	2	0	90
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	68	0	0	2	0	90

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	90	0	0	0	90

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	90	0	0	0	90

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	7.00
Certified Aides	29.00
Other Health Staff	7.00
Non-Health Staff	45.00
Totals	97.00

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
38.3%	57.8%	0.0%	1.0%	2.9%	100.0%		
2,556,209	3,853,972	0	66,347	191,866	6,668,394	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ASTA CARE CENTER OF PONTIAC
300 WEST LOWELL
PONTIAC, IL. 61764

Reference Numbers Facility ID 6004642
Health Service Area 004 Planning Service Area 105

Administrator
LORRIE STOGSDILL

Contact Person and Telephone
LORRIE STOGSDILL
815-842-1181

Date Completed
3/31/2014

Registered Agent Information
Michael Gillman
134 N. McLean Blvd
Elgin, IL 60123

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	79
Total Admissions 2013	168
Total Discharges 2013	164
Residents on 12/31/2013	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	8
Skin Disorders	5
Musculo-skeletal Disorders	9
Injuries and Poisonings	7
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	83

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	97	97	97	97	83	14	37	97
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	97	97	97	97	83	14	37	97

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5717	42.3%	16329	46.1%	0	1548	6113	0	29707	83.9%	83.9%
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	5717	42.3%	16329	46.1%	0	1548	6113	0	29707	83.9%	83.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	7	1	0	0	0	0	0	0	7	1	8
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	9	2	0	0	0	0	0	0	9	2	11
75 to 84	6	20	0	0	0	0	0	0	6	20	26
85+	8	26	0	0	0	0	0	0	8	26	34
TOTALS	32	51	0	0	0	0	0	0	32	51	83

ASTA CARE CENTER OF PONTIAC
300 WEST LOWELL
PONTIAC, IL. 61764

Classification Numbers

License Number	6004642	
Health Service Area	004	
Planning Service Area	105	Livingston

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	44	0	1	17	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	44	0	1	17	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	7.00
Certified Aides	27.00
Other Health Staff	35.00
Non-Health Staff	0.00
Totals	77.00

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
38.9%	36.7%	0.0%	6.2%	18.2%	100.0%		
2,337,004	2,201,826	0	371,364	1,089,869	6,000,063	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ASTA CARE CENTER OF TOLUCA
101 EAST VIA GHIGLIERI
TOLUCA, IL. 61369

Reference Numbers Facility ID 6006308
Health Service Area 002 Planning Service Area 123

Administrator
Jennifer Diaz

Contact Person and Telephone
JENNIFER DIAZ
815-452-2367

Date Completed
3/21/2014

Registered Agent Information
Michael Gillman
134 N. McLean Blvd.
Elgin, IL 60123

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	73
Total Admissions 2013	79
Total Discharges 2013	72
Residents on 12/31/2013	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	15
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	2
Circulatory System	15
Respiratory System	15
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	3
TOTALS	80

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	104	98	84	98	80	24	65	104
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	104	98	84	98	80	24	65	104

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2855	12.0%	22931	60.4%	0	741	348	0	26875	70.8%	75.1%
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	2855	12.0%	22931	60.4%	0	741	348	0	26875	70.8%	75.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	1	0	0	0	0	0	0	3	1	4
45 to 59	19	10	0	0	0	0	0	0	19	10	29
60 to 64	5	12	0	0	0	0	0	0	5	12	17
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	2	4	0	0	0	0	0	0	2	4	6
TOTALS	40	40	0	0	0	0	0	0	40	40	80

ASTA CARE CENTER OF TOLUCA
101 EAST VIA GHIGLIERI
TOLUCA, IL. 61369

Classification Numbers

License Number	6006308	
Health Service Area	002	
Planning Service Area	123	Marshall/Stark

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	70	0	3	1	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	70	0	3	1	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	1	0	0	0	1
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	8.00
Certified Aides	32.00
Other Health Staff	37.00
Non-Health Staff	0.00
Totals	87.00

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
26.2%	69.5%	0.0%	2.9%	1.3%	100.0%		
1,246,138	3,303,118	0	138,326	62,699	4,750,281	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ASTA CARE CENTRE OF ROCKFORD
707 WEST RIVERSIDE BOULEVARD
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6008049
Health Service Area 001 Planning Service Area 201

Administrator
Tony Valentino

Contact Person and Telephone
Tony Valentino
815-877-5752

Date Completed
4/4/2014

Registered Agent Information
Michael Gillman
134 N. McLean Blvd
Elgin, IL 60123

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	90
Total Admissions 2013	106
Total Discharges 2013	107
Residents on 12/31/2013	89

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	8
Mental Illness	20
Developmental Disability	7
Circulatory System	19
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 20

Total Residents Reported as Identified Offenders 12

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	130	123	105	123	89	41	69	130
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	130	123	105	123	89	41	69	130

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2234	8.9%	31468	66.3%	0	895	226	0	34823	73.4%	77.6%
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	2234	8.9%	31468	66.3%	0	895	226	0	34823	73.4%	77.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	1	0	0	0	0	0	0	2	1	3
45 to 59	19	7	0	0	0	0	0	0	19	7	26
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	13	15	0	0	0	0	0	0	13	15	28
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	46	43	0	0	0	0	0	0	46	43	89

ASTA CARE CENTRE OF ROCKFORD
707 WEST RIVERSIDE BOULEVARD
ROCKFORD, IL. 61103

Classification Numbers

License Number	6008049	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	86	0	0	1	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	86	0	0	1	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pacific Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	16.00
Certified Aides	33.00
Other Health Staff	5.00
Non-Health Staff	25.00
Totals	89.00

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
17.0%	78.8%	0.0%	3.2%	1.1%	100.0%		
999,105	4,640,210	0	188,730	64,058	5,892,103	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ASTORIA PLACE LIVING & REHABILITATION
6300 NORTH CALIFORNIA AVENUE
CHICAGO, IL. 60659

Reference Numbers Facility ID 6006662
Health Service Area 006 Planning Service Area 601

Administrator
Patricia D. Davis

Contact Person and Telephone
Patricia D. Davis
773-973-1900

Date Completed
4/2/2014

Registered Agent Information
Daniel S. Garden, Esq.
7040 N. Ridgeway Avenue
Liincolnwood, IL 60712

Life Care Facility

Building		Reported Age
Building 1	Astoria Place/6300 N. California	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	145
Total Admissions 2013	227
Total Discharges 2013	219
Residents on 12/31/2013	153

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	19
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	20
Mental Illness	3
Developmental Disability	0
Circulatory System	34
Respiratory System	15
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	20
Non-Medical Conditions	9
TOTALS	153

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	164	164	164	164	153	11	164	164
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	164	164	164	164	153	11	164	164

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8213	13.7%	42563	71.1%	0	306	2968	0	54050	90.3%	90.3%
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	8213	13.7%	42563	71.1%	0	306	2968	0	54050	90.3%	90.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	5	8	0	0	0	0	0	0	5	8	13
60 to 64	5	2	0	0	0	0	0	0	5	2	7
65 to 74	11	18	0	0	0	0	0	0	11	18	29
75 to 84	20	31	0	0	0	0	0	0	20	31	51
85+	12	41	0	0	0	0	0	0	12	41	53
TOTALS	53	100	0	0	0	0	0	0	53	100	153

ASTORIA PLACE LIVING & REHABILITATION
6300 NORTH CALIFORNIA AVENUE
CHICAGO, IL. 60659

Classification Numbers

License Number	6006662	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	124	0	1	7	0	153
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	124	0	1	7	0	153

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	14	0	0	0	14
American Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	126	0	0	0	126
Race Unknown	0	0	0	0	0
Total	153	0	0	0	153

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	0	0	0	0	0
Total	153	0	0	0	153

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	3.00
Director of Nursing	2.00
Registered Nurses	18.00
LPN's	17.00
Certified Aides	52.00
Other Health Staff	3.00
Non-Health Staff	35.00
Totals	132.00

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
38.4%	55.9%	0.0%	0.9%	4.8%	100.0%		
4,771,755	6,957,338	0	114,913	598,085	12,442,091	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ATRIUM HEALTH CARE CENTER
1425 WEST ESTES AVENUE
CHICAGO, IL. 60626

Reference Numbers Facility ID 6003834
Health Service Area 006 Planning Service Area 601

Administrator
T'Kira Siler Wilkerson

Contact Person and Telephone
T'Kira Siler Wilkerson
773-973-4780

Date Completed
4/4/2014

Registered Agent Information
Abraham Stern

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	152
Total Admissions 2013	260
Total Discharges 2013	230
Residents on 12/31/2013	182

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	28
Blood Disorders	7
*Nervous System Non Alzheimer	0
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	20
Digestive System	16
Genitourinary System Disorders	6
Skin Disorders	6
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	152

Total Residents Diagnosed as Mentally Ill 70

Total Residents Reported as Identified Offenders 16

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	160	160	152	160	152	8	112	160
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	160	160	152	160	152	8	112	160

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4013	9.8%	49906	85.5%	412	0	214	0	54545	93.4%	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	4013	9.8%	49906	85.5%	412	0	214	0	54545	93.4%	93.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	7	5	0	0	0	0	0	0	7	5	12
45 to 59	22	17	0	0	0	0	0	0	22	17	39
60 to 64	15	8	0	0	0	0	0	0	15	8	23
65 to 74	23	17	0	0	0	0	0	0	23	17	40
75 to 84	15	9	0	0	0	0	0	0	15	9	24
85+	9	5	0	0	0	0	0	0	9	5	14
TOTALS	91	61	0	0	0	0	0	0	91	61	152

ATRIUM HEALTH CARE CENTER
1425 WEST ESTES AVENUE
CHICAGO, IL. 60626

Classification Numbers

License Number	6003834	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	141	1	0	1	0	153
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	141	1	0	1	0	153

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	74	0	0	0	74
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	152	0	0	0	152

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	144	0	0	0	144
Ethnicity Unknown	0	0	0	0	0
Total	152	0	0	0	152

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	11.00
Certified Aides	26.00
Other Health Staff	38.00
Non-Health Staff	0.00
Totals	87.00

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
16.3%	82.6%	0.8%	0.0%	0.4%	100.0%		
1,301,880	6,607,860	65,000	0	29,575	8,004,315	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ATRIUM HEALTHCARE & REHAB CTR OF CAHOKI
3354 JEROME LANE
CAHOKIA, IL. 62206

Reference Numbers Facility ID 6007983
Health Service Area 011 Planning Service Area 163

Administrator
STEPHANIE BIRCH, LNHA

Contact Person and Telephone
STEPHANIE BIRCH, LNHA
618-337-9400

Date Completed
4/7/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	118
Total Admissions 2013	139
Total Discharges 2013	131
Residents on 12/31/2013	126

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	57
Developmental Disability	0
Circulatory System	28
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	5
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	126

Total Residents Diagnosed as Mentally Ill 57

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	133	133	133	133	126	7	49	133
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	133	133	133	133	126	7	49	133

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5333	29.8%	37028	76.3%	0	174	2323	0	44858	92.4%	92.4%
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	5333	29.8%	37028	76.3%	0	174	2323	0	44858	92.4%	92.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	6	4	0	0	0	0	0	0	6	4	10
45 to 59	21	15	0	0	0	0	0	0	21	15	36
60 to 64	12	7	0	0	0	0	0	0	12	7	19
65 to 74	9	12	0	0	0	0	0	0	9	12	21
75 to 84	13	12	0	0	0	0	0	0	13	12	25
85+	3	12	0	0	0	0	0	0	3	12	15
TOTALS	64	62	0	0	0	0	0	0	64	62	126

ATRIUM HEALTHCARE & REHAB CTR OF CAHOKI
3354 JEROME LANE
CAHOKIA, IL. 62206

Classification Numbers

License Number	6007983	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	106	0	0	8	0	126
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	106	0	0	8	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	137
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	64	0	0	0	64
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	126	0	0	0	126

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	126	0	0	0	126
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	12.00
Certified Aides	39.00
Other Health Staff	2.00
Non-Health Staff	39.00
Totals	97.00

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
37.8%	56.0%	4.1%	0.0%	2.1%	100.0%		
2,723,972	4,033,548	299,000	0	149,782	7,206,302	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

AUBURN NURSING & REHAB CENTER
304 MAPLE AVENUE
AUBURN, IL. 62615

Reference Numbers Facility ID 6007181
Health Service Area 003 Planning Service Area 167

Administrator
Curtis Nelson

Contact Person and Telephone
Curtis Nelson
217-438-6125

Date Completed
4/1/2014

Registered Agent Information

Life Care Facility

Building		Reported Age
Building 1	Auburn Nursing and Rehabilitati	48
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	61
Total Admissions 2013	149
Total Discharges 2013	149
Residents on 12/31/2013	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	9
Developmental Disability	1
Circulatory System	19
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 33

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	70	65	65	65	61	9	70	70
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	70	65	65	65	61	9	70	70

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3611	14.1%	12194	47.7%	0	6536	5015	0	27356	107.1%	115.3%
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	3611	14.1%	12194	47.7%	0	6536	5015	0	27356	107.1%	115.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	1	0	0	0	0	0	0	1	1	2
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	5	1	0	0	0	0	0	0	5	1	6
75 to 84	7	7	0	0	0	0	0	0	7	7	14
85+	7	24	0	0	0	0	0	0	7	24	31
TOTALS	23	38	0	0	0	0	0	0	23	38	61

AUBURN NURSING & REHAB CENTER
304 MAPLE AVENUE
AUBURN, IL. 62615

Classification Numbers

License Number	6007181	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	36	2	14	0	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	36	2	14	0	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	9.55
LPN's	5.57
Certified Aides	24.88
Other Health Staff	2.00
Non-Health Staff	5.00
Totals	50.00

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
43.2%	29.5%	0.0%	7.4%	19.9%	100.0%		
1,926,852	1,312,539	0	329,949	886,512	4,455,852	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

AURORA REHAB & LIVING CENTER
1601 NORTH FARNSWORTH
AURORA, IL. 60505

Reference Numbers Facility ID 6000574
Health Service Area 008 Planning Service Area 089

Administrator
Patti Long

Contact Person and Telephone
Andrew Reese
702-232-7734

Date Completed
4/4/2014

Registered Agent Information
Charles P. Sheets
161 N. Clark St., Ste 4200
Chicago, IL 60601

Building		Reported Age
Building 1	Aurora Rehab & Living Center	34
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	129
Total Admissions 2013	146
Total Discharges 2013	161
Residents on 12/31/2013	114

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	25
Blood Disorders	0
*Nervous System Non Alzheimer	41
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	29
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	114

Total Residents Diagnosed as Mentally Ill 63

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	158	158	142	158	114	44	189	189
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	158	158	142	158	114	44	189	189

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5764	8.4%	31237	45.3%	5295	726	3709	0	46731	81.0%	81.0%
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	5764	8.4%	31237	45.3%	5295	726	3709	0	46731	81.0%	81.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	2	0	0	0	0	0	0	2	2	4
45 to 59	8	9	0	0	0	0	0	0	8	9	17
60 to 64	7	2	0	0	0	0	0	0	7	2	9
65 to 74	17	16	0	0	0	0	0	0	17	16	33
75 to 84	11	13	0	0	0	0	0	0	11	13	24
85+	6	21	0	0	0	0	0	0	6	21	27
TOTALS	51	63	0	0	0	0	0	0	51	63	114

AURORA REHAB & LIVING CENTER
1601 NORTH FARNSWORTH
AURORA, IL. 60505

Classification Numbers

License Number	6000574	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	80	16	0	10	0	114
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	80	16	0	10	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	30	0	0	0	30
Total	114	0	0	0	114

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	30	0	0	0	30
Total	114	0	0	0	114

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.73
LPN's	35.56
Certified Aides	76.70
Other Health Staff	16.89
Non-Health Staff	79.86
Totals	223.74

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
31.7%	49.1%	8.3%	3.1%	7.9%	100.0%		
2,723,860	4,218,044	714,764	263,804	676,603	8,597,075	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

AUTUMN LAKES
3515 THEODORE
JOLIET, IL. 60431

Reference Numbers Facility ID 6013585
Health Service Area 009 Planning Service Area 197

Administrator
Peggy Peterson

Contact Person and Telephone
Peggy Peterson
815-741-7038

Date Completed
3/20/2014

Registered Agent Information
Cornerstone Services, Inc.
777 Joyce Road
Joliet, IL 60436

Building		Reported Age
Building 1	3515 Theodore Street	20
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	2
Total Discharges 2013	2
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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	4

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			1207	82.7%	0	0	0	0	1207	82.7%	82.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1207	82.7%	0	0	0	0	1207	82.7%	82.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	4	0	0	0	4	0	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	4	0	0	0	4	0	4

AUTUMN LAKES
3515 THEODORE
JOLIET, IL. 60431

Classification Numbers

License Number	6013585	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	213	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	0.00
Other Health Staff	4.25
Non-Health Staff	5.00
Totals	9.75

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%	84.3%	0.0%	0.0%	15.7%	100.0%		
0	227,993	0	0	42,558	270,551	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

avant wellness and rehabilitation
6840 WEST TOUHY AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 6003214
Health Service Area 007 Planning Service Area 702

Administrator
Amanda Andrews

Contact Person and Telephone
Amanda Andrews
847-647-6400

Date Completed
3/31/2014

Registered Agent Information
Barry Carr
7257 N Lincoln Ave

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	25
Blood Disorders	8
*Nervous System Non Alzheimer	20
Alzheimer Disease	15
Mental Illness	39
Developmental Disability	0
Circulatory System	13
Respiratory System	10
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	6
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	156

Total Residents Diagnosed as Mentally Ill 39

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	151
Total Admissions 2013	642
Total Discharges 2013	637
Residents on 12/31/2013	156

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	212	166	160	166	156	56	212	212
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	212	166	160	166	156	56	212	212

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8167	10.6%	30969	40.0%	3810	2607	4821	0	50374	65.1%	83.1%
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	8167	10.6%	30969	40.0%	3810	2607	4821	0	50374	65.1%	83.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	7	5	0	0	0	0	0	0	7	5	12
60 to 64	4	9	0	0	0	0	0	0	4	9	13
65 to 74	17	15	0	0	0	0	0	0	17	15	32
75 to 84	17	26	0	0	0	0	0	0	17	26	43
85+	10	46	0	0	0	0	0	0	10	46	56
TOTALS	55	101	0	0	0	0	0	0	55	101	156

avant wellness and rehabilitation
6840 WEST TOUHY AVENUE
NILES, IL. 60714

Classification Numbers

License Number	6003214	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	89	17	10	16	0	156
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	89	17	10	16	0	156

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	290	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	20	0	0	0	20
Total	156	0	0	0	156

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	0	0	0	0	0
Total	156	0	0	0	156

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	18.00
Certified Aides	40.00
Other Health Staff	13.00
Non-Health Staff	40.00
Totals	128.00

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
13.4%	65.2%	6.2%	0.0%	15.2%	100.0%		
1,140,165	5,552,964	527,281	0	1,296,100	8,516,510	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

AVENUE CARE NURSING & REHAB CTR
4505 SOUTH DREXEL BLVD.
CHICAGO, IL. 60653

Reference Numbers Facility ID 6004667
Health Service Area 006 Planning Service Area 603

Administrator
JoeAnn Brew

Contact Person and Telephone
LaCrista Myles
773-285-0550

Date Completed
3/31/2014

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Building		Reported Age
Building 1	Avenue Care Nursing and Reha	47
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	132
Total Admissions 2013	205
Total Discharges 2013	214
Residents on 12/31/2013	123

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	10
Blood Disorders	8
*Nervous System Non Alzheimer	12
Alzheimer Disease	4
Mental Illness	16
Developmental Disability	0
Circulatory System	10
Respiratory System	10
Digestive System	8
Genitourinary System Disorders	7
Skin Disorders	12
Musculo-skeletal Disorders	15
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	132

Total Residents Diagnosed as Mentally Ill 78

Total Residents Reported as Identified Offenders 24

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	155	155	132	155	132	23	155	155
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	155	155	132	155	132	23	155	155

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6972	12.3%	36509	64.5%	0	13	820	0	44314	78.3%	78.3%
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	6972	12.3%	36509	64.5%	0	13	820	0	44314	78.3%	78.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	6	6	0	0	0	0	0	0	6	6	12
45 to 59	15	15	0	0	0	0	0	0	15	15	30
60 to 64	20	10	0	0	0	0	0	0	20	10	30
65 to 74	19	11	0	0	0	0	0	0	19	11	30
75 to 84	8	8	0	0	0	0	0	0	8	8	16
85+	4	10	0	0	0	0	0	0	4	10	14
TOTALS	72	60	0	0	0	0	0	0	72	60	132

AVENUE CARE NURSING & REHAB CTR
4505 SOUTH DREXEL BLVD.
CHICAGO, IL. 60653

Classification Numbers

License Number	6004667	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	109	0	1	3	0	132
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	109	0	1	3	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	120	0	0	0	120
Hawaiian/Pacific Isl.	0	0	0	0	0
White	12	0	0	0	12
Race Unknown	0	0	0	0	0
Total	132	0	0	0	132

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	130	0	0	0	130
Ethnicity Unknown	0	0	0	0	0
Total	132	0	0	0	132

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	24.00
Certified Aides	42.00
Other Health Staff	6.00
Non-Health Staff	33.00
Totals	113.00

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
35.5%	61.5%	0.0%	1.3%	1.6%	100.0%		
2,608,761	4,511,314	0	98,141	120,261	7,338,477	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

AVISTON COUNTRY MANOR
450 WEST 1ST STREET
AVISTON, IL. 62216

Reference Numbers Facility ID 6011340
Health Service Area 011 Planning Service Area 027

Administrator
Leslie Pedtke

Contact Person and Telephone
LESLIE PEDTKE
618-228-7615

Date Completed
3/18/2014

Registered Agent Information
Denise King
935 S. Mill St.
Nashville, IL 62263

Building	Reported Age
Building 1	26
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	77
Total Admissions 2013	171
Total Discharges 2013	170
Residents on 12/31/2013	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	9
Developmental Disability	1
Circulatory System	21
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	7
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	97	96	78	96	78	19	22	97
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	97	96	78	96	78	19	22	97

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2439	30.4%	16609	46.9%	0	0	9342	0	28390	80.2%	81.0%
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	2439	30.4%	16609	46.9%	0	0	9342	0	28390	80.2%	81.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	9	14	0	0	0	0	0	0	9	14	23
85+	12	34	0	0	0	0	0	0	12	34	46
TOTALS	25	53	0	0	0	0	0	0	25	53	78

AVISTON COUNTRY MANOR
450 WEST 1ST STREET
AVISTON, IL. 62216

Classification Numbers

License Number	6011340	
Health Service Area	011	
Planning Service Area	027	Clinton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	43	0	0	26	0	78
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	43	0	0	26	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	8.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	15.00
Totals	56.00

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
26.3%	41.2%	0.0%	0.0%	32.5%	100.0%		
1,185,336	1,858,378	0	0	1,467,598	4,511,312	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

AVISTON TERRACE
349 WEST FIRST STREET
AVISTON, IL. 62216

Reference Numbers Facility ID 6000582
Health Service Area 011 Planning Service Area 027

Administrator
Melissa A. Reed

Contact Person and Telephone
Jessica Rosales
708-283-1530 Ext. 303

Date Completed
3/25/2014

Registered Agent Information
John Mirecki
3615 Park Drive, Suite 100
Olympia Fields, IL 60461

Building		Reported Age
Building 1	Aviston Terrace Residential Facil	23
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	13
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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	13

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	13	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	13	16	13	3	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4721	80.8%	0	0	0	0	4721	80.8%	80.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4721	80.8%	0	0	0	0	4721	80.8%	80.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	1	0	0	0	1	1
45 to 59	0	0	0	0	5	2	0	0	5	2	7
60 to 64	0	0	0	0	1	3	0	0	1	3	4
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	6	7	0	0	6	7	13

AVISTON TERRACE
349 WEST FIRST STREET
AVISTON, IL. 62216

Classification Numbers

License Number	6000582	
Health Service Area	011	
Planning Service Area	027	Clinton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	129	119
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	477,608	0	0	0	477,608	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BALMORAL HOME
2055 WEST BALMORAL AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000657
Health Service Area 006 Planning Service Area 601

Administrator
Barry Taerbaum

Contact Person and Telephone
BARRY R. TAERBAUM
773-561-8661

Date Completed
3/25/2014

Registered Agent Information
Marvin Mermelstein
6500 N Hamlin
Liincolnwood, IL 60712

Building		Reported Age
Building 1	2055 W Balmoral	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	200
Total Admissions 2013	88
Total Discharges 2013	82
Residents on 12/31/2013	206

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	41
Blood Disorders	1
*Nervous System Non Alzheimer	12
Alzheimer Disease	3
Mental Illness	106
Developmental Disability	3
Circulatory System	1
Respiratory System	16
Digestive System	2
Genitourinary System Disorders	12
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	206

Total Residents Diagnosed as Mentally Ill 106

Total Residents Reported as Identified Offenders 26

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	213	213	213	213	206	7	34	213
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	213	213	213	213	206	7	34	213

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4666	37.6%	67896	87.3%	0	129	644	0	73335	94.3%	94.3%
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	4666	37.6%	67896	87.3%	0	129	644	0	73335	94.3%	94.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	11	5	0	0	0	0	0	0	11	5	16
45 to 59	44	26	0	0	0	0	0	0	44	26	70
60 to 64	30	19	0	0	0	0	0	0	30	19	49
65 to 74	32	11	0	0	0	0	0	0	32	11	43
75 to 84	14	9	0	0	0	0	0	0	14	9	23
85+	3	2	0	0	0	0	0	0	3	2	5
TOTALS	134	72	0	0	0	0	0	0	134	72	206

BALMORAL HOME
2055 WEST BALMORAL AVENUE
CHICAGO, IL. 60625

Classification Numbers

License Number	6000657	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	188	0	0	2	0	206
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	188	0	0	2	0	206

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	49	0	0	0	49
Hawaiian/Pacific Isl.	0	0	0	0	0
White	152	0	0	0	152
Race Unknown	0	0	0	0	0
Total	206	0	0	0	206

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	192	0	0	0	192
Ethnicity Unknown	0	0	0	0	0
Total	206	0	0	0	206

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	3.00
Certified Aides	42.00
Other Health Staff	48.00
Non-Health Staff	16.00
Totals	128.00

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
22.5%	76.2%	0.0%	0.2%	1.1%	100.0%		
2,147,677	7,260,393	0	21,258	103,225	9,532,553	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BARRY COMMUNITY CARE CENTER
1313 PRATT STREET
BARRY, IL. 62312

Reference Numbers Facility ID 6000731
Health Service Area 003 Planning Service Area 013

Administrator
Patricia Hubbard

Contact Person and Telephone
PATRICIA HUBBARD
217-335-2326

Date Completed
4/4/2014

Registered Agent Information

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	27
Mental Illness	0
Developmental Disability	2
Circulatory System	7
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Barry Community Care Center	39
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	57
Total Admissions 2013	48
Total Discharges 2013	52
Residents on 12/31/2013	53

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	76	76	58	76	53	23	76	76
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	76	76	58	76	53	23	76	76

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1575	5.7%	11200	40.4%	0	137	6043	0	18955	68.3%	68.3%
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	1575	5.7%	11200	40.4%	0	137	6043	0	18955	68.3%	68.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	3	26	0	0	0	0	0	0	3	26	29
TOTALS	12	41	0	0	0	0	0	0	12	41	53

BARRY COMMUNITY CARE CENTER
1313 PRATT STREET
BARRY, IL. 62312

Classification Numbers

License Number	6000731	
Health Service Area	003	
Planning Service Area	013	Calhoun/Pike

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	29	0	1	18	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	29	0	1	18	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	189	156
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	54.00

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
26.2%	41.5%	0.0%	0.0%	32.2%	100.0%		
799,642	1,264,688	0	1,260	983,081	3,048,671	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BATAVIA REHAB & HLTHCARE CTR
520 FABYAN PARKWAY
BATAVIA, IL. 60510

Reference Numbers Facility ID 6008171
Health Service Area 008 Planning Service Area 089

Administrator
Chiquita Clemons

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/26/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Batavia RHCC/Nursing Home	43
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	50
Total Admissions 2013	30
Total Discharges 2013	30
Residents on 12/31/2013	50

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	2
Mental Illness	4
Developmental Disability	2
Circulatory System	3
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	50

Total Residents Diagnosed as Mentally Ill 29

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	63	58	53	58	50	13	0	63
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	63	58	53	58	50	13	0	63

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1	0.0%	14357	62.4%	1998	0	2238	0	18594	80.9%	87.8%
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	1	0.0%	14357	62.4%	1998	0	2238	0	18594	80.9%	87.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	1	0	0	0	0	0	0	2	1	3
45 to 59	7	2	0	0	0	0	0	0	7	2	9
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	1	13	0	0	0	0	0	0	1	13	14
TOTALS	21	29	0	0	0	0	0	0	21	29	50

BATAVIA REHAB & HLTHCARE CTR
520 FABYAN PARKWAY
BATAVIA, IL. 60510

Classification Numbers

License Number	6008171	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	38	6	0	6	0	50
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	38	6	0	6	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	2	0	0	0	2
White	41	0	0	0	41
Race Unknown	3	0	0	0	3
Total	50	0	0	0	50

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	50	0	0	0	50

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	3.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	32.00

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
0.0%	86.3%	0.0%	0.0%	13.7%	100.0%		
0	2,076,224	0	0	330,085	2,406,309	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BAYSIDE TERRACE, LLC
1100 SOUTH LEWIS AVENUE
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6000764
Health Service Area 008 Planning Service Area 097

Administrator
DEMETRIA RAFAEL

Contact Person and Telephone
DEMETRIA RAFAEL
847-244-8196

Date Completed
3/30/2014

Registered Agent Information
EARL ROSENBAUM
1100 SOUTH LEWIS AVENUE
Waukegan, IL 60085

Building	Reported Age
Building 1	44
Building 2	27
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	154
Total Admissions 2013	75
Total Discharges 2013	80
Residents on 12/31/2013	149

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	149
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	149

Total Residents Diagnosed as Mentally Ill 149

Total Residents Reported as Identified Offenders 22

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	168	168	149	168	149	19	0	168
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	168	168	149	168	149	19	0	168

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	53086	86.6%	0	0	160	0	53246	86.8%	86.8%
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	0	0.0%	53086	86.6%	0	0	160	0	53246	86.8%	86.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	11	6	0	0	0	0	0	0	11	6	17
45 to 59	50	31	0	0	0	0	0	0	50	31	81
60 to 64	11	6	0	0	0	0	0	0	11	6	17
65 to 74	18	10	0	0	0	0	0	0	18	10	28
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	92	57	0	0	0	0	0	0	92	57	149

BAYSIDE TERRACE, LLC
1100 SOUTH LEWIS AVENUE
WAUKEGAN, IL. 60085

Classification Numbers

License Number	6000764	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	148	0	0	1	0	149
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	148	0	0	1	0	149

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	30	0	0	0	30
Hawaiian/Pacific Isl.	0	0	0	0	0
White	111	0	0	0	111
Race Unknown	5	0	0	0	5
Total	149	0	0	0	149

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	144	0	0	0	144
Ethnicity Unknown	0	0	0	0	0
Total	149	0	0	0	149

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	3.00
Certified Aides	17.00
Other Health Staff	29.00
Non-Health Staff	1.00
Totals	55.00

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
0.0%	99.3%	0.0%	0.0%	0.7%	100.0%		
0	5,550,642	0	0	36,670	5,587,312	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BEACON HILL
2400 SOUTH FINLEY ROAD
LOMBARD, IL. 60148

Reference Numbers Facility ID 6000772
Health Service Area 007 Planning Service Area 703

Administrator
Heidi Zimmermann

Contact Person and Telephone
Heidi Zimmermann
630-691-4088

Date Completed
4/3/2014

Registered Agent Information
CT Corporation System
208 South LaSalle Street Suite 814
Chicago, IL 60604

Continuing Care Retirement Community
Life Care Facility

Building		Reported Age
Building 1	2400 and N/S nursing home	30
Building 2	Tower and E/W nursing home	23
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	106
Total Admissions 2013	273
Total Discharges 2013	279
Residents on 12/31/2013	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	41
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	13
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	110	110	106	110	100	10	21	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	110	110	106	110	100	10	21	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4840	63.1%	0	0.0%	0	180	32318	0	37338	93.0%	93.0%
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	4840	63.1%	0	0.0%	0	180	32318	0	37338	93.0%	93.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	3	21	0	0	0	0	0	0	3	21	24
85+	12	64	0	0	0	0	0	0	12	64	76
TOTALS	15	85	0	0	0	0	0	0	15	85	100

BEACON HILL
2400 SOUTH FINLEY ROAD
LOMBARD, IL. 60148

Classification Numbers

License Number	6000772	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	0	0	0	91	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	0	0	0	91	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	245
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	0	0	0	0	0
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	100	0	0	0	100
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	6.00
Certified Aides	48.00
Other Health Staff	10.00
Non-Health Staff	16.00
Totals	102.00

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
48.6%	0.0%	0.0%	0.0%	51.4%	100.0%		
2,969,432	0	0	0	3,146,176	6,115,608	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BEACON STREET PLACE
4838 BEACON DRIVE
DECATUR, IL. 62521

Reference Numbers Facility ID 6013536
Health Service Area 004 Planning Service Area 115

Administrator
VALERIE POLING

Contact Person and Telephone
Dave Jacobus
217-763-2191

Date Completed
4/1/2014

Registered Agent Information
DAVE JACOBUS
2576 N. GREENWAY RD.
Cerro Gordo, IL 61818

Building	Reported Age
Building 1	46
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	3

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	3
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	3

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	3	1		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	3	1	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			1296	88.8%	0	0	0	0	1296	88.8%	88.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1296	88.8%	0	0	0	0	1296	88.8%	88.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	1	0	1
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	2	1	0	0	2	1	3

BEACON STREET PLACE
4838 BEACON DRIVE
DECATUR, IL. 62521

Classification Numbers

License Number	6013536	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		3	0	0	0	0	3
Sheltered Care			0	0	0	0	0
TOTALS	0	3	0	0	0	0	3

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	165	165
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	2	0	2
Race Unknown	0	0	0	0	0
Total	0	0	3	0	3

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	3	0	3
Ethnicity Unknown	0	0	0	0	0
Total	0	0	3	0	3

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	3.00
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	4.00

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
0.0%	88.9%	0.0%	0.0%	11.1%	100.0%		
0	189,659	0	0	23,704	213,363	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BEARDSTOWN TERRACE
310 EAST EIGHTH STREET
BEARDSTOWN, IL. 62618

Reference Numbers Facility ID 6012363
Health Service Area 003 Planning Service Area 017

Administrator
Marcia Ford

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Beardstown Terrace	24
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	5	0	0	4	5	9
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	4	0	0	0	4	0	4
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	10	6	0	0	10	6	16

BEARDSTOWN TERRACE
310 EAST EIGHTH STREET
BEARDSTOWN, IL. 62618

Classification Numbers

License Number	6012363	
Health Service Area	003	
Planning Service Area	017	Cass

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	114
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	677,492	0	0	0	677,492	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BEECHER MANOR NURSING & REHAB CTR
1201 DIXIE HIGHWAY
BEECHER, IL. 60401

Reference Numbers Facility ID 6000806
Health Service Area 009 Planning Service Area 197

Administrator
Lisa Hardaman

Contact Person and Telephone
Lisa Hardaman
708-946-2600

Date Completed
3/31/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	6
Mental Illness	6
Developmental Disability	0
Circulatory System	22
Respiratory System	12
Digestive System	1
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	42
Non-Medical Conditions	0
TOTALS	114

Total Residents Diagnosed as Mentally Ill 51

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	113
Total Admissions 2013	168
Total Discharges 2013	168
Residents on 12/31/2013	113

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	130	127	119	127	114	16	128	128
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	130	127	119	127	114	16	128	128

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12741	27.3%	93936	######	0	556	20472	0	127705	269.1%	275.5%
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	12741	27.3%	93936	######	0	556	20472	0	127705	269.1%	275.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	2	10	0	0	0	0	0	0	2	10	12
75 to 84	11	18	0	0	0	0	0	0	11	18	29
85+	10	57	0	0	0	0	0	0	10	57	67
TOTALS	25	89	0	0	0	0	0	0	25	89	114

BEECHER MANOR NURSING & REHAB CTR
1201 DIXIE HIGHWAY
BEECHER, IL. 60401

Classification Numbers

License Number	6000806	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	76	0	1	18	0	114
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	76	0	1	18	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	252	234
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	114	0	0	0	114

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	114	0	0	0	114

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	8.00
Certified Aides	20.00
Other Health Staff	7.00
Non-Health Staff	29.00
Totals	73.00

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
31.2%	45.1%	0.0%	6.0%	17.7%	100.0%		
2,682,517	3,878,060	0	516,431	1,522,867	8,599,875	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BELHAVEN NURSING & REHAB. CENTER
11401 SOUTH OAKLEY AVENUE
CHICAGO, IL. 60643

Reference Numbers Facility ID 6000822
Health Service Area 006 Planning Service Area 603

Administrator
Matthew Macklin

Contact Person and Telephone
Matthew Macklin
773-233-6311

Date Completed
4/4/2014

Registered Agent Information
David Gross
141 Fencl lane
Hillside, IL 60162

Life Care Facility

Building	Reported Age
Building 1 only strucrure	29
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	198
Total Admissions 2013	151
Total Discharges 2013	157
Residents on 12/31/2013	192

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	16
Blood Disorders	4
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	2
Circulatory System	91
Respiratory System	18
Digestive System	21
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	192

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	221	221	211	221	192	29	221	221
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	221	221	211	221	192	29	221	221

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5702	7.1%	54344	67.4%	0	67	223287	0	283400	351.3%	351.3%
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	5702	7.1%	54344	67.4%	0	67	223287	0	283400	351.3%	351.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	0	0	0	0	0	0	0	3	0	3
45 to 59	15	17	0	0	0	0	0	0	15	17	32
60 to 64	7	7	0	0	0	0	0	0	7	7	14
65 to 74	17	20	0	0	0	0	0	0	17	20	37
75 to 84	21	23	0	0	0	0	0	0	21	23	44
85+	12	50	0	0	0	0	0	0	12	50	62
TOTALS	75	117	0	0	0	0	0	0	75	117	192

BELHAVEN NURSING & REHAB. CENTER
11401 SOUTH OAKLEY AVENUE
CHICAGO, IL. 60643

Classification Numbers

License Number	6000822	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	167	0	0	10	0	192
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	167	0	0	10	0	192

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	170	0	0	0	170
Hawaiian/Pacific Isl.	0	0	0	0	0
White	21	0	0	0	21
Race Unknown	1	0	0	0	1
Total	192	0	0	0	192

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	191	0	0	0	191
Ethnicity Unknown	1	0	0	0	1
Total	192	0	0	0	192

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	10.00
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	69.00

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
21.6%	73.9%	0.0%	0.2%	4.2%	100.0%		
3,140,428	10,761,111	0	35,559	615,085	14,552,183	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BELLE MANOR
225 WEST B STREET
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6014039
Health Service Area 011 Planning Service Area 163

Administrator
Robin Cimera

Contact Person and Telephone
Tonya Lindsay
618-244-7701

Date Completed
3/25/2014

Registered Agent Information
Tonya Lindsey
2025B Broadway, P.O. Box 705
Mount Vernon, IL 62864

Building	Reported Age
Building 1 Belle Manor - 16 bed ICF/DD	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5792	99.2%	0	0	0	0	5792	99.2%	99.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5792	99.2%	0	0	0	0	5792	99.2%	99.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	5	0	0	3	5	8
45 to 59	0	0	0	0	1	4	0	0	1	4	5
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	6	10	0	0	6	10	16

BELLE MANOR
225 WEST B STREET
BELLEVILLE, IL. 62220

Classification Numbers

License Number	6014039	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	109	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	6.50
Other Health Staff	3.00
Non-Health Staff	0.00
Totals	10.00

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
0.0%	76.2%	0.0%	0.0%	23.8%	100.0%		
0	461,737	0	0	144,530	606,267	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BELLEFONTAINE PLACE
98 DEBRA LANE PO BOX 225
WATERLOO, IL. 62298

Reference Numbers Facility ID 6010417
Health Service Area 011 Planning Service Area 133

Administrator
Angela Wiley

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Bellefontaine Place	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5255	90.0%	0	0	0	0	5255	90.0%	90.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5255	90.0%	0	0	0	0	5255	90.0%	90.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	2	0	0	3	2	5
45 to 59	0	0	0	0	5	5	0	0	5	5	10
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	8	7	0	0	8	7	15

BELLEFONTAINE PLACE
98 DEBRA LANE PO BOX 225
WATERLOO, IL. 62298

Classification Numbers

License Number	6010417	
Health Service Area	011	
Planning Service Area	133	Monroe

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	114
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	619,771	0	0	0	619,771	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BELLEVILLE HEALTHCARE & REHAB CENTER
150 N. 27th Street
Belleville, IL. 62206

Reference Numbers Facility ID 6005474
Health Service Area 011 Planning Service Area 163

Administrator
Kenya Washington

Contact Person and Telephone
KENYA WASHINGTON
618-235-6600

Date Completed
4/3/2014

Registered Agent Information

Building	Reported Age
Building 1	42
Building 2	39
Building 3	11
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	126
Total Admissions 2013	256
Total Discharges 2013	264
Residents on 12/31/2013	118

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	14
Developmental Disability	2
Circulatory System	38
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	4
Other Medical Conditions	12
Non-Medical Conditions	4
TOTALS	118

Total Residents Diagnosed as Mentally Ill 14

Total Residents Reported as Identified Offenders 8

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	152	148	136	148	118	34	62	152
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	152	148	136	148	118	34	62	152

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6673	29.5%	34848	62.8%	178	1738	2595	0	46032	83.0%	85.2%
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	6673	29.5%	34848	62.8%	178	1738	2595	0	46032	83.0%	85.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	3	0	0	0	0	0	0	1	3	4
45 to 59	9	5	0	0	0	0	0	0	9	5	14
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	16	15	0	0	0	0	0	0	16	15	31
75 to 84	7	23	0	0	0	0	0	0	7	23	30
85+	4	25	0	0	0	0	0	0	4	25	29
TOTALS	41	77	0	0	0	0	0	0	41	77	118

BELLEVILLE HEALTHCARE & REHAB CENTER
150 N. 27th Street
Belleville, IL. 62206

Classification Numbers

License Number	6005474	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	81	4	9	6	0	118
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	81	4	9	6	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	46	0	0	0	46
Hawaiian/Pacific Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.50
LPN's	13.50
Certified Aides	46.00
Other Health Staff	8.50
Non-Health Staff	28.75
Totals	106.25

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
41.2%	50.2%	5.1%	0.0%	3.5%	100.0%		
3,846,273	4,682,502	476,460	0	325,226	9,330,461	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BELLWOOD DEVELOPMENTAL CENTER
105 EASTERN AVENUE
BELLWOOD, IL. 60104

Reference Numbers Facility ID 6007066
Health Service Area 007 Planning Service Area 704

Administrator
David Zaruba

Contact Person and Telephone
David Zaruba
708-547-3580

Date Completed
4/2/2014

Registered Agent Information
Stephan Sher
5750 Old Orchard Rd., Suite 420
Skokie, IL 60077

Building		Reported Age
Building 1	0103 / Original building	45
Building 2	0203 / Great Room Addition	22
Building 3	0303 / Demetia Wing / Remodell	45
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	80
Total Admissions 2013	9
Total Discharges 2013	14
Residents on 12/31/2013	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	75
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	75

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	82	82	82	82	75	7		82
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	82	82	82	82	75	7	0	82

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			28151	94.1%	0	0	366	0	28517	95.3%	95.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	28151	94.1%	0	0	366	0	28517	95.3%	95.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	8	11	0	0	8	11	19
45 to 59	0	0	0	0	15	17	0	0	15	17	32
60 to 64	0	0	0	0	7	10	0	0	7	10	17
65 to 74	0	0	0	0	1	3	0	0	1	3	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	32	43	0	0	32	43	75

BELLWOOD DEVELOPMENTAL CENTER
105 EASTERN AVENUE
BELLWOOD, IL. 60104

Classification Numbers

License Number	6007066	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		74	0	0	1	0	75
Sheltered Care			0	0	0	0	0
TOTALS	0	74	0	0	1	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	166	166
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	16	0	16
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	57	0	57
Race Unknown	0	0	0	0	0
Total	0	0	75	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	10	0	10
Non-Hispanic	0	0	65	0	65
Ethnicity Unknown	0	0	0	0	0
Total	0	0	75	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.80
Certified Aides	40.00
Other Health Staff	19.00
Non-Health Staff	17.70
Totals	86.50

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%	98.7%	0.0%	0.0%	1.3%	100.0%		
0	4,665,912	0	0	60,661	4,726,573	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	3/1/2012	Change of Ownership occurred.
Name Change	3/2/2012	Formerly Aspire on Eastern.
Name Change	5/10/2012	Formerly Bellwood Nursing Center.

BELMONT NURSING HOME
1936 WEST BELMONT AVENUE
CHICAGO, IL. 60657

Reference Numbers Facility ID 6000848
Health Service Area 006 Planning Service Area 602

Administrator
Donna T. Harris

Contact Person and Telephone
Donna T. Harris
773-525-7176

Date Completed
4/1/2014

Registered Agent Information
Eileen Conway
1936 W. Belmont Ave.
Chicago, IL 60657

Building	Reported Age
Building 1 Belmont Nursing Home	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	48
Total Admissions 2013	18
Total Discharges 2013	15
Residents on 12/31/2013	51

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	51
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	51

Total Residents Diagnosed as Mentally Ill 51

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	61	61	51	61	51	10	0	61
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	61	61	51	61	51	10	0	61

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	17594	79.0%	0	0	0	0	17594	79.0%	79.0%
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	0	0.0%	17594	79.0%	0	0	0	0	17594	79.0%	79.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	2	0	0	0	0	0	0	5	2	7
45 to 59	21	10	0	0	0	0	0	0	21	10	31
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	3	2	0	0	0	0	0	0	3	2	5
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	32	19	0	0	0	0	0	0	32	19	51

BELMONT NURSING HOME
1936 WEST BELMONT AVENUE
CHICAGO, IL. 60657

Classification Numbers

License Number	6000848	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	51	0	0	0	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	51	0	0	0	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	0	51

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	4.00
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	26.00

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
0.0%	80.4%	0.0%	0.0%	19.6%	100.0%		
0	1,822,649	0	0	445,436	2,268,085	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BEMENT HEALTH CARE CENTER
601 NORTH MORGAN STREET
BEMENT, IL. 61813

Reference Numbers Facility ID 6000855
Health Service Area 004 Planning Service Area 147

Administrator
Nicholas Crim

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/26/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Bement Health Care Center/Nur	39
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	31
Total Admissions 2013	40
Total Discharges 2013	39
Residents on 12/31/2013	32

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	8
Developmental Disability	5
Circulatory System	5
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	1
TOTALS	32

Total Residents Diagnosed as Mentally Ill 14

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	60	39	60	32	28	60	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	60	39	60	32	28	60	60

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	734	3.4%	6806	31.1%	208	1	4450	0	12199	55.7%	55.7%
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	734	3.4%	6806	31.1%	208	1	4450	0	12199	55.7%	55.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	7	7	0	0	0	0	0	0	7	7	14
TOTALS	14	18	0	0	0	0	0	0	14	18	32

BEMENT HEALTH CARE CENTER
601 NORTH MORGAN STREET
BEMENT, IL. 61813

Classification Numbers

License Number	6000855	
Health Service Area	004	
Planning Service Area	147	Piatt

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	21	0	0	11	0	32
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	21	0	0	11	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	138
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	29	0	0	0	29
Race Unknown	0	0	0	0	0
Total	32	0	0	0	32

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	32	0	0	0	32
Ethnicity Unknown	0	0	0	0	0
Total	32	0	0	0	32

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	1.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	8.00
Totals	21.00

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
19.1%	43.2%	0.0%	0.2%	37.5%	100.0%		
313,459	706,987	0	3,085	614,173	1,637,704	10,757	0.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BENJAMIN GREEN-FIELD RESIDENCE
I94 & ROUTE 176
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6014591
Health Service Area 008 Planning Service Area 097

Administrator
marty Buckley

Contact Person and Telephone
MARTY BUCKLEY
847-362-4636

Date Completed
4/3/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Benjamin Green-Field Residenc	18
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	2
Total Discharges 2013	2
Residents on 12/31/2013	16

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			0	0.0%	4862	0	365	0	5227	89.5%	89.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	4862	0	365	0	5227	89.5%	89.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	2	2	0	0	2	2	4
65 to 74	0	0	0	0	3	2	0	0	3	2	5
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

BENJAMIN GREEN-FIELD RESIDENCE
I94 & ROUTE 176
LIBERTYVILLE, IL. 60048

Classification Numbers

License Number	6014591	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	15	0	1	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	0	15	0	1	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	135
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	3.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	16.00

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
0.0%	0.0%	74.0%	0.0%	26.0%	100.0%		
0	0	525,523	0	184,792	710,315	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BENTON REHAB & HLTHCARE CTR
1409 NORTH MAIN
BENTON, IL. 62812

Reference Numbers Facility ID 6005391
Health Service Area 005 Planning Service Area 055

Administrator
Ron Slaviero

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/26/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Benton RHCC/Nursing Home	49
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	48
Total Admissions 2013	42
Total Discharges 2013	54
Residents on 12/31/2013	36

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	2
Mental Illness	8
Developmental Disability	1
Circulatory System	6
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	36

Total Residents Diagnosed as Mentally Ill 23

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	67	61	50	61	36	31	11	67
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	67	61	50	61	36	31	11	67

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1790	44.6%	12080	49.4%	365	80	1691	0	16006	65.5%	71.9%
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	1790	44.6%	12080	49.4%	365	80	1691	0	16006	65.5%	71.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	8	4	0	0	0	0	0	0	8	4	12
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	2	4	0	0	0	0	0	0	2	4	6
TOTALS	16	20	0	0	0	0	0	0	16	20	36

BENTON REHAB & HLTHCARE CTR
1409 NORTH MAIN
BENTON, IL. 62812

Classification Numbers

License Number	6005391	
Health Service Area	005	
Planning Service Area	055	Franklin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	27	0	0	4	0	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	27	0	0	4	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	116
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	36	0	0	0	36
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	8.00
Certified Aides	17.00
Other Health Staff	2.00
Non-Health Staff	14.00
Totals	44.00

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
31.7%	59.6%	0.0%	0.5%	8.3%	100.0%		
758,019	1,425,966	0	11,213	198,692	2,393,890	4,209	0.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BERKELEY NURSING & REHAB CENTER
6909 WEST NORTH AVENUE
OAK PARK, IL. 60302

Reference Numbers Facility ID 6010110
Health Service Area 007 Planning Service Area 704

Administrator
Dr. Michael Gottesman

Contact Person and Telephone
Dr. Michael Gottesman
708-386-1112

Date Completed
3/28/2014

Registered Agent Information
Edward Green
321 N. Clark St.-Suite 2800
Chicago, IL 60654

Building		Reported Age
Building 1	Berkeley Nursing and Rehab	56
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	61
Total Admissions 2013	56
Total Discharges 2013	55
Residents on 12/31/2013	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	19
Mental Illness	7
Developmental Disability	0
Circulatory System	19
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	72	72	65	72	62	10	72	72
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	72	72	65	72	62	10	72	72

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1959	7.5%	18387	70.0%	0	72	1075	0	21493	81.8%	81.8%
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	1959	7.5%	18387	70.0%	0	72	1075	0	21493	81.8%	81.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	6	0	0	0	0	0	0	0	6	0	6
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	2	12	0	0	0	0	0	0	2	12	14
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85+	2	11	0	0	0	0	0	0	2	11	13
TOTALS	20	42	0	0	0	0	0	0	20	42	62

BERKELEY NURSING & REHAB CENTER
6909 WEST NORTH AVENUE
OAK PARK, IL. 60302

Classification Numbers

License Number	6010110	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	52	0	0	4	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	52	0	0	4	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	43	0	0	0	43
Hawaiian/Pacific Isl.	0	0	0	0	0
White	19	0	0	0	19
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	13.00
Certified Aides	31.00
Other Health Staff	4.00
Non-Health Staff	43.00
Totals	97.00

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
28.2%	67.8%	0.0%	0.0%	4.1%	100.0%		
1,069,472	2,574,993	0	0	154,350	3,798,815	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BERKSHIRE NURSING & REHAB CENTER
8200 WEST ROOSEVELT ROAD
FOREST PARK, IL. 60130

Reference Numbers Facility ID 6015333
Health Service Area 007 Planning Service Area 704

Administrator
Lisa Ulbert

Contact Person and Telephone
Lisa Ulbert
708-488-9850

Date Completed
4/2/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	69
Mental Illness	1
Developmental Disability	0
Circulatory System	39
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	5
Musculo-skeletal Disorders	9
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	158

Total Residents Diagnosed as Mentally Ill 31

Total Residents Reported as Identified Offenders 10

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	155
Total Admissions 2013	295
Total Discharges 2013	232
Residents on 12/31/2013	218

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	232	205	180	205	158	74	227	232
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	232	205	180	205	158	74	227	232

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11789	14.2%	45937	54.2%	0	318	726	0	58770	69.4%	78.5%
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	11789	14.2%	45937	54.2%	0	318	726	0	58770	69.4%	78.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	2	0	0	0	0	0	0	4	2	6
45 to 59	12	4	0	0	0	0	0	0	12	4	16
60 to 64	8	12	0	0	0	0	0	0	8	12	20
65 to 74	16	14	0	0	0	0	0	0	16	14	30
75 to 84	14	30	0	0	0	0	0	0	14	30	44
85+	9	33	0	0	0	0	0	0	9	33	42
TOTALS	63	95	0	0	0	0	0	0	63	95	158

BERKSHIRE NURSING & REHAB CENTER
8200 WEST ROOSEVELT ROAD
FOREST PARK, IL. 60130

Classification Numbers

License Number	6015333	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	94	27	0	2	0	158
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	35	94	27	0	2	0	158

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	2	0	0	0	2
Black	105	0	0	0	105
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	3	0	0	0	3
Total	158	0	0	0	158

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	29	0	0	0	29
Non-Hispanic	129	0	0	0	129
Ethnicity Unknown	0	0	0	0	0
Total	158	0	0	0	158

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	24.00
Certified Aides	58.00
Other Health Staff	4.00
Non-Health Staff	49.00
Totals	149.00

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
19.9%	76.0%	0.0%	2.1%	2.0%	100.0%		
1,871,094	7,143,277	0	192,725	188,690	9,395,786	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BETHALTO CARE CENTER
815 S. PRAIRIE STREET
BETHALTO, IL. 62010

Reference Numbers Facility ID 6000863
Health Service Area 011 Planning Service Area 119

Administrator
CLAUDIA MURRAY

Contact Person and Telephone
CLAUDIA MURRAY
618-377-2144

Date Completed
2/26/2014

Registered Agent Information
Linda M. Hart
14 Fall Creek Lane
St. Jacob, IL 62781

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	76
Total Admissions 2013	85
Total Discharges 2013	89
Residents on 12/31/2013	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	17
Mental Illness	0
Developmental Disability	0
Circulatory System	29
Respiratory System	14
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	98	98	72	26	0	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	98	98	72	26	0	98

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	21238	59.4%	0	0	4635	0	25873	72.3%	72.3%
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	0	0.0%	21238	59.4%	0	0	4635	0	25873	72.3%	72.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	5	0	0	0	0	0	0	0	5	5
75 to 84	3	13	0	0	0	0	0	0	3	13	16
85+	3	48	0	0	0	0	0	0	3	48	51
TOTALS	6	66	0	0	0	0	0	0	6	66	72

BETHALTO CARE CENTER
815 S. PRAIRIE STREET
BETHALTO, IL. 62010

Classification Numbers

License Number	6000863	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	58	0	0	14	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	58	0	0	14	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	64.00

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
0.0%	73.2%	0.0%	0.0%	26.8%	100.0%		
0	2,407,216	0	0	883,350	3,290,566	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BETHANY HLTH CARE & REHAB CTR.
3298 RESOURCE PARKWAY
DEKALB, IL. 60115

Reference Numbers Facility ID 6014872
Health Service Area 001 Planning Service Area 037

Administrator
AMRIT JACOB

Contact Person and Telephone
AMRIT JACOB
815-756-5526

Date Completed
4/2/2014

Registered Agent Information
Dan Maher
926 S 7th St
Springfield, IL 62703

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	74
Total Admissions 2013	231
Total Discharges 2013	224
Residents on 12/31/2013	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	6
Developmental Disability	0
Circulatory System	18
Respiratory System	12
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	4
Musculo-skeletal Disorders	22
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 42

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	90	89	90	81	9	90	78
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	90	89	90	81	9	90	78

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6249	19.0%	14065	49.4%	0	1443	7687	0	29444	89.6%	89.6%
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	6249	19.0%	14065	49.4%	0	1443	7687	0	29444	89.6%	89.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	9	8	0	0	0	0	0	0	9	8	17
75 to 84	5	14	0	0	0	0	0	0	5	14	19
85+	10	25	0	0	0	0	0	0	10	25	35
TOTALS	30	51	0	0	0	0	0	0	30	51	81

BETHANY HLTH CARE & REHAB CTR.
3298 RESOURCE PARKWAY
DEKALB, IL. 60115

Classification Numbers

License Number	6014872	
Health Service Area	001	
Planning Service Area	037	DeKalb

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	38	0	7	18	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	38	0	7	18	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	198	188
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	3.00
Certified Aides	17.00
Other Health Staff	3.00
Non-Health Staff	6.00
Totals	45.00

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
43.7%	25.0%	2.8%	8.6%	19.9%	100.0%		
3,096,926	1,767,178	196,474	612,497	1,409,445	7,082,520	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BETHANY TERRACE NURSING CENTER
8425 WAUKEGAN ROAD
MORTON GROVE, IL. 60053

Reference Numbers Facility ID 6000889
Health Service Area 007 Planning Service Area 702

Administrator
Frank A. Bensema

Contact Person and Telephone
Frank A. Bensema
847-965-8100

Date Completed
3/30/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	110
Total Admissions 2013	438
Total Discharges 2013	388
Residents on 12/31/2013	160

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	22
Mental Illness	32
Developmental Disability	0
Circulatory System	11
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	6
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	108

Total Residents Diagnosed as Mentally Ill 32

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	211	172	108	172	108	103	103	87
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	211	172	108	172	108	103	103	87

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7033	18.7%	9693	30.5%	0	767	22383	0	39876	51.8%	63.5%
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	7033	18.7%	9693	30.5%	0	767	22383	0	39876	51.8%	63.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	11	17	0	0	0	0	0	0	11	17	28
85+	15	55	0	0	0	0	0	0	15	55	70
TOTALS	31	77	0	0	0	0	0	0	31	77	108

BETHANY TERRACE NURSING CENTER
8425 WAUKEGAN ROAD
MORTON GROVE, IL. 60053

Classification Numbers

License Number	6000889	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	26	0	0	57	0	108
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	26	0	0	57	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	283	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	108	0	0	0	108

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	0	0	0	0	0
Total	108	0	0	0	108

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.76
LPN's	7.28
Certified Aides	39.93
Other Health Staff	5.30
Non-Health Staff	50.70
Totals	114.97

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
28.7%	11.8%	0.0%	6.6%	52.9%	100.0%		
3,344,207	1,375,675	0	769,572	6,165,517	11,654,971	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BETHESDA HOME & RETIREMENT CTR
2833 NORTH NORDICA AVENUE
CHICAGO, IL. 60634

Reference Numbers Facility ID 6006688
Health Service Area 006 Planning Service Area 602

Administrator
Julie Boggess

Contact Person and Telephone
JULIE BOGGESS
773-836-3201

Date Completed
4/4/2014

Registered Agent Information
Julie Boggess
109 S Candota Ave
Mount Prospect, IL 60056

Life Care Facility

Building	Reported Age
Building 1 West	89
Building 2 North	59
Building 3 Center	23
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	70
Total Admissions 2013	161
Total Discharges 2013	153
Residents on 12/31/2013	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	42
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	113	80	63	80	63	50	74	53
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	49	20	15	20	15	34		
TOTAL BEDS	162	100	78	100	78	84	74	53

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3243	12.0%	6187	32.0%	0	0	11964	0	21394	51.9%	73.3%
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	3791	0	3791	21.2%	51.9%
TOTALS	3243	12.0%	6187	32.0%	0	0	15755	0	25185	42.6%	69.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	1	0	1	1
65 to 74	1	3	0	0	0	0	2	1	3	4	7
75 to 84	6	5	0	0	0	0	3	4	9	9	18
85+	6	40	0	0	0	0	1	3	7	43	50
TOTALS	14	49	0	0	0	0	6	9	20	58	78

BETHESDA HOME & RETIREMENT CTR
2833 NORTH NORDICA AVENUE
CHICAGO, IL. 60634

Classification Numbers

License Number	6006688	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	17	0	0	38	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	15	0	15
TOTALS	8	17	0	0	53	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	235
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	175	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	15	74
Race Unknown	0	0	0	0	0
Total	63	0	0	15	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	61	0	0	15	76
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	15	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	9.00
LPN's	6.20
Certified Aides	34.00
Other Health Staff	0.00
Non-Health Staff	37.00
Totals	90.20

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
27.1%	12.8%	0.0%	0.0%	60.1%	100.0%		
1,610,498	758,083	0	0	3,571,922	5,940,503	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BETHESDA LUTHERAN - MONTGOMERY
1205 SOUTH SPENCER
AURORA, IL. 60505

Reference Numbers Facility ID 6011704
Health Service Area 008 Planning Service Area 089

Administrator
Rachelle Jewison

Contact Person and Telephone
Rachelle Jewison
507-202-4929

Date Completed
4/4/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Montgomery ICF	30
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	2
Total Discharges 2013	2
Residents on 12/31/2013	15

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	15	12	15	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	15	12	15	12	4	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4093	70.1%	0	0	0	0	4093	70.1%	74.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4093	70.1%	0	0	0	0	4093	70.1%	74.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	3	0	0	0	3	3
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	5	7	0	0	5	7	12

BETHESDA LUTHERAN - MONTGOMERY
1205 SOUTH SPENCER
AURORA, IL. 60505

Classification Numbers

License Number	6011704	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	12.00

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
0.0%	80.3%	0.0%	0.0%	19.7%	100.0%		
0	465,847	0	0	113,996	579,843	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BETHESDA LUTHERAN - PLAINFIELD
14907 S. EASTERN AVENUE
PLAINFIELD, IL. 60544

Reference Numbers Facility ID 6011894
Health Service Area 009 Planning Service Area 197

Administrator
Rachelle Jewison

Contact Person and Telephone
Rachelle Jewison
507-202-4929

Date Completed
4/4/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Plainfield ICF	30
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	1
Total Discharges 2013	3
Residents on 12/31/2013	13

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	15	15	15	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	15	15	15	12	4	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4837	82.8%	0	0	0	0	4837	82.8%	88.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4837	82.8%	0	0	0	0	4837	82.8%	88.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	3	0	0	2	3	5
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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	6	6	0	0	6	6	12

BETHESDA LUTHERAN - PLAINFIELD
14907 S. EASTERN AVENUE
PLAINFIELD, IL. 60544

Classification Numbers

License Number	6011894	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	1	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	1	0	12

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	12.00

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
0.0%	77.6%	0.0%	0.0%	22.4%	100.0%		
0	518,939	0	0	149,897	668,836	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BETHESDA LUTHERAN - SYCAMORE
1761 WOODGATE DRIVE
SYCAMORE, IL. 60178

Reference Numbers Facility ID 6012116
Health Service Area 001 Planning Service Area 037

Administrator
Cathleen Smith

Contact Person and Telephone
Cathleen Smith
815-762-6406

Date Completed
3/31/2014

Registered Agent Information
Bethesda Lutheran Communities, Inc.
801 Adlai Stevenson Dr.
Springfield, IL 62703

Building	Reported Age
Building 1 1761 Woodgate Drive	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	1
Total Discharges 2013	3
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	12	4	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4655	79.7%	0	0	0	0	4655	79.7%	79.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4655	79.7%	0	0	0	0	4655	79.7%	79.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	2	0	0	1	2	3
45 to 59	0	0	0	0	3	4	0	0	3	4	7
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	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	0	0	0	0	5	7	0	0	5	7	12

BETHESDA LUTHERAN - SYCAMORE
1761 WOODGATE DRIVE
SYCAMORE, IL. 60178

Classification Numbers

License Number	6012116	
Health Service Area	001	
Planning Service Area	037	DeKalb

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	144
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	12.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	674,609	0	0	0	674,609	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BETHSHAN
12927 SOUTH MONITOR
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6000905
Health Service Area 007 Planning Service Area 705

Administrator
Laura Kirchhoff

Contact Person and Telephone
STEVE GOUDZWAARD
708-371-0800

Date Completed
3/4/2014

Registered Agent Information
Bethshan Association % Joseph Laneng
12927 S. Monitor Ave.
Palos Heights, IL 60463

Building	Reported Age
Building 1 Bethshan I	32
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	45
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	45
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	45

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	45	45	45	45	45	0		45
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	45	45	45	45	45	0	0	45

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			15959	97.2%	0	0	209	0	16168	98.4%	98.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	15959	97.2%	0	0	209	0	16168	98.4%	98.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	8	6	0	0	8	6	14
45 to 59	0	0	0	0	10	13	0	0	10	13	23
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	2	2	0	0	2	2	4
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	22	23	0	0	22	23	45

BETHSHAN
12927 SOUTH MONITOR
PALOS HEIGHTS, IL. 60463

Classification Numbers

License Number	6000905	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		45	0	0	0	0	45
Sheltered Care			0	0	0	0	0
TOTALS	0	45	0	0	0	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	166	166
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	43	0	43
Race Unknown	0	0	0	0	0
Total	0	0	45	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	45	0	45
Ethnicity Unknown	0	0	0	0	0
Total	0	0	45	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.50
LPN's	2.00
Certified Aides	33.00
Other Health Staff	7.25
Non-Health Staff	9.00
Totals	57.75

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%	84.6%	14.4%	0.0%	1.0%	100.0%		
0	2,232,319	380,807	0	26,313	2,639,439	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BEVERLY FARM FOUNDATION
6301 HUMBERT ROAD
GODFREY, IL. 62035

Reference Numbers Facility ID 6000947
Health Service Area 011 Planning Service Area 119

Administrator
Martha Warford

Contact Person and Telephone
VICKY VOGT
618-466-0367

Date Completed
4/3/2014

Registered Agent Information
Nicholas J. Lynn
190 S. LaSalle Street Suite 3700
Chicago, IL 60603

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	265
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	265

Total Residents Diagnosed as Mentally Ill 121

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Beverly Cottage	56
Building 2	Chappee Cottage	43
Building 3	Donnelley Cottage	49
Building 4	Evans Cottage	56
Building 5	Herring Cottage	35

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	270
Total Admissions 2013	13
Total Discharges 2013	18
Residents on 12/31/2013	265

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	300	288	270	288	265	35		279
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	300	288	270	288	265	35	0	279

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			93493	91.8%	0	0	2527	0	96020	87.7%	91.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	93493	91.8%	0	0	2527	0	96020	87.7%	91.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	63	36	0	0	63	36	99
45 to 59	0	0	0	0	40	46	0	0	40	46	86
60 to 64	0	0	0	0	18	18	0	0	18	18	36
65 to 74	0	0	0	0	23	12	0	0	23	12	35
75 to 84	0	0	0	0	5	0	0	0	5	0	5
85+	0	0	0	0	2	2	0	0	2	2	4
TOTALS	0	0	0	0	151	114	0	0	151	114	265

BEVERLY FARM FOUNDATION
6301 HUMBERT ROAD
GODFREY, IL. 62035

Classification Numbers

License Number	6000947	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		261	0	0	4	0	265
Sheltered Care			0	0	0	0	0
TOTALS	0	261	0	0	4	0	265

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	131	131
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	19	0	19
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	243	0	243
Race Unknown	0	0	0	0	0
Total	0	0	265	0	265

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	264	0	264
Ethnicity Unknown	0	0	0	0	0
Total	0	0	265	0	265

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	4.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	12.00
Certified Aides	238.00
Other Health Staff	51.00
Non-Health Staff	47.00
Totals	365.00

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
0.0%	80.2%	0.0%	0.0%	19.8%	100.0%		
0	10,126,692	0	0	2,492,924	12,619,616	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BIG MEADOWS, INC
1000 LONGMOOR AVE.
SAVANNA, IL. 61074

Reference Numbers Facility ID 6000962
Health Service Area 001 Planning Service Area 015

Administrator
Pat Boomgarden

Contact Person and Telephone
PAT BOOMGARDEN
815-273-2238

Date Completed
3/4/2014

Registered Agent Information
Alan Gapinski
501 6th Ave. W.
Lyndon, IL 61261

Building	Reported Age
Building 1 Big Meadows	54
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	48
Total Admissions 2013	53
Total Discharges 2013	44
Residents on 12/31/2013	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	17
Developmental Disability	0
Circulatory System	12
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	5
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 17

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	76	76	58	76	57	19	0	76
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	76	76	58	76	57	19	0	76

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	11268	40.6%	0	0	6996	0	18264	65.8%	65.8%
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	0	0.0%	11268	40.6%	0	0	6996	0	18264	65.8%	65.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	1	0	0	0	0	0	0	4	1	5
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	2	12	0	0	0	0	0	0	2	12	14
85+	4	24	0	0	0	0	0	0	4	24	28
TOTALS	14	43	0	0	0	0	0	0	14	43	57

BIG MEADOWS, INC
1000 LONGMOOR AVE.
SAVANNA, IL. 61074

Classification Numbers

License Number	6000962	
Health Service Area	001	
Planning Service Area	015	Carroll

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	37	0	0	20	0	57
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	37	0	0	20	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	5.10
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	73.60

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
5.2%	63.1%	0.0%	0.0%	31.7%	100.0%		
152,307	1,843,102	0	0	925,562	2,920,971	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	7/10/2012	Facility discontinued 22 Nursing Care beds; facility now has 76 Nursing Care beds.

BIRCHWOOD PLAZA
1426 WEST BIRCHWOOD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6000988
Health Service Area 006 Planning Service Area 601

Administrator
ABRAHAM SCHIFFMAN

Contact Person and Telephone
ALLISON RUBENS
773-274-4405

Date Completed
4/4/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	173
Total Admissions 2013	232
Total Discharges 2013	228
Residents on 12/31/2013	177

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	28
Blood Disorders	2
*Nervous System Non Alzheimer	26
Alzheimer Disease	19
Mental Illness	50
Developmental Disability	2
Circulatory System	15
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	177

Total Residents Diagnosed as Mentally Ill 50

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	200	200	178	200	177	23	200	200
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	200	200	178	200	177	23	200	200

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4794	6.6%	44136	60.5%	0	0	12126	0	61056	83.6%	83.6%
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	4794	6.6%	44136	60.5%	0	0	12126	0	61056	83.6%	83.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	14	17	0	0	0	0	0	0	14	17	31
75 to 84	19	34	0	0	0	0	0	0	19	34	53
85+	19	71	0	0	0	0	0	0	19	71	90
TOTALS	53	124	0	0	0	0	0	0	53	124	177

BIRCHWOOD PLAZA
1426 WEST BIRCHWOOD
CHICAGO, IL. 60626

Classification Numbers

License Number	6000988	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	113	0	0	43	0	177
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	113	0	0	43	0	177

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	280	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	153	0	0	0	153
Race Unknown	0	0	0	0	0
Total	177	0	0	0	177

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	169	0	0	0	169
Ethnicity Unknown	0	0	0	0	0
Total	177	0	0	0	177

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	13.00
LPN's	7.00
Certified Aides	54.00
Other Health Staff	3.00
Non-Health Staff	36.00
Totals	117.00

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
22.8%	50.0%	0.0%	3.7%	23.5%	100.0%		
2,337,958	5,134,761	0	383,532	2,418,926	10,275,177	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BJORKLUND HOUSE
15841 TERRACE DRIVE
OAK FOREST, IL. 60452

Reference Numbers Facility ID 6013999
Health Service Area 007 Planning Service Area 705

Administrator
Julie A. Smith

Contact Person and Telephone
JULIE A. SMITH
708-687-2038

Date Completed
3/21/2014

Registered Agent Information

Building	Reported Age
Building 1 Bjorklund House	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			365	6.3%	0	0	0	0	365	6.3%	6.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	365	6.3%	0	0	0	0	365	6.3%	6.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	5	0	0	5	5	10
45 to 59	0	0	0	0	3	1	0	0	3	1	4
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	8	8	0	0	8	8	16

BJORKLUND HOUSE
15841 TERRACE DRIVE
OAK FOREST, IL. 60452

Classification Numbers

License Number	6013999	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	3	0	3
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	14.00
Non-Health Staff	4.00
Totals	20.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	851,405	0	0	0	851,405	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BLACKHAWK GROUP HOME
735 NORTH DIXON
DIXON, IL. 61021

Reference Numbers Facility ID 6011795
Health Service Area 001 Planning Service Area 103

Administrator
Connie K Foster

Contact Person and Telephone
Ron Heiderscheit
815-288-6691 ext.269

Date Completed
4/3/2014

Registered Agent Information
Jeffrey Stauter
500 Anchor road
Dixon, IL 61021

Building		Reported Age
Building 1	Blackhawk Group Home	25
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	2
Total Discharges 2013	2
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	14	1		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	14	1	0	15

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5129	93.7%	0	0	34	0	5163	94.3%	94.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5129	93.7%	0	0	34	0	5163	94.3%	94.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	3	1	0	0	3	1	4
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	8	6	0	0	8	6	14

BLACKHAWK GROUP HOME
735 NORTH DIXON
DIXON, IL. 61021

Classification Numbers

License Number	6011795	
Health Service Area	001	
Planning Service Area	103	Lee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	145	138
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	1	0	1
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	9.75

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%	15.2%	83.2%	0.0%	1.6%	100.0%		
0	107,804	589,997	0	11,140	708,941	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BLESSING HOSPITAL
BROADWAY AT 11TH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6011977
Health Service Area 003 Planning Service Area 001

Administrator
Maureen Kahn

Contact Person and Telephone
Ken Stegeman
217-223-1200 ext 6899

Date Completed
3/19/2014

Registered Agent Information

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	18

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Blessing Hospital Inpatient 1970	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	17
Total Admissions 2013	530
Total Discharges 2013	529
Residents on 12/31/2013	18

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	20	20	20	20	18	2	20	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	20	20	20	20	18	2	20	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5195	71.2%	0	0.0%	0	422	0	111	5728	78.5%	78.5%
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	5195	71.2%	0	0.0%	0	422	0	111	5728	78.5%	78.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	3	2	0	0	0	0	0	0	3	2	5
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	9	9	0	0	0	0	0	0	9	9	18

BLESSING HOSPITAL
BROADWAY AT 11TH STREET
QUINCY, IL. 62301

Classification Numbers

License Number	6011977	
Health Service Area	003	
Planning Service Area	001	Adams

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	0	0	2	0	1	18
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	0	0	2	0	1	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	856	792
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	18	0	0	0	18
Race Unknown	0	0	0	0	0
Total	18	0	0	0	18

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	18	0	0	0	18
Ethnicity Unknown	0	0	0	0	0
Total	18	0	0	0	18

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.70
LPN's	4.70
Certified Aides	9.30
Other Health Staff	2.70
Non-Health Staff	3.30
Totals	32.70

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%	0.0%	0.0%	100.0%	0.0%	100.0%		
1	0	0	513,141	0	513,142	86,825	16.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BLOOMINGTON REHAB HLTHCARE CTR
1925 SOUTH MAIN STREET
BLOOMINGTON, IL. 61704

Reference Numbers Facility ID 6000996
Health Service Area 004 Planning Service Area 113

Administrator
Janice Kindred

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/26/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Bloomington RHCC/Nursing Ho	47
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	51
Total Admissions 2013	101
Total Discharges 2013	102
Residents on 12/31/2013	50

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	9
Developmental Disability	3
Circulatory System	8
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	2
TOTALS	50

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	78	66	64	66	50	28	26	78
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	78	66	64	66	50	28	26	78

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	826	8.7%	13806	48.5%	2983	507	1728	0	19850	69.7%	82.4%
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	826	8.7%	13806	48.5%	2983	507	1728	0	19850	69.7%	82.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	4	0	0	0	0	0	0	0	4	0	4
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	8	6	0	0	0	0	0	0	8	6	14
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	4	9	0	0	0	0	0	0	4	9	13
TOTALS	24	26	0	0	0	0	0	0	24	26	50

BLOOMINGTON REHAB HLTHCARE CTR
1925 SOUTH MAIN STREET
BLOOMINGTON, IL. 61704

Classification Numbers

License Number	6000996	
Health Service Area	004	
Planning Service Area	113	McLean

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	43	0	0	6	0	50
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	43	0	0	6	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	129
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	1	0	0	0	1
Total	50	0	0	0	50

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	50	0	0	0	50
Ethnicity Unknown	0	0	0	0	0
Total	50	0	0	0	50

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	57.00

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
19.1%	67.4%	0.0%	4.2%	9.3%	100.0%		
517,333	1,829,119	0	114,548	253,393	2,714,393	20,340	0.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BLU-FOUNTIAN MANOR
1623 WEST DELMAR
GODFREY, IL. 62035

Reference Numbers Facility ID 6001028
Health Service Area 011 Planning Service Area 119

Administrator
Ted Marcus

Contact Person and Telephone
TED MARCUS
618-466-0443

Date Completed
4/3/2014

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Building		Reported Age
Building 1	Blu Fountain Manor	52
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	50
Total Admissions 2013	77
Total Discharges 2013	71
Residents on 12/31/2013	56

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	56

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	68	61	59	61	56	12	68	68
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	68	61	59	61	56	12	68	68

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2246	9.0%	11727	47.2%	1778	178	2978	0	18907	76.2%	84.9%
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	2246	9.0%	11727	47.2%	1778	178	2978	0	18907	76.2%	84.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	8	4	0	0	0	0	0	0	8	4	12
85+	5	33	0	0	0	0	0	0	5	33	38
TOTALS	16	40	0	0	0	0	0	0	16	40	56

BLU-FOUNTIAN MANOR
1623 WEST DELMAR
GODFREY, IL. 62035

Classification Numbers

License Number	6001028	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	41	0	0	11	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	41	0	0	11	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	173	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	7.00
Certified Aides	21.00
Other Health Staff	7.00
Non-Health Staff	8.00
Totals	51.00

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
15.2%	60.4%	7.5%	0.0%	16.9%	100.0%		
373,348	1,481,460	184,298	0	414,766	2,453,872	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BOURBONNAIS TERRACE NURSING HOME
133 MOHAWK DRIVE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6001069
Health Service Area 009 Planning Service Area 091

Administrator
Debra Wood

Contact Person and Telephone
DEBRA WOOD
815-937-4790

Date Completed
4/3/2014

Registered Agent Information
Thomas B. Hein
1S443 Summit Avenue Suite 204 A&B
Oakbrook Terrace, IL 60181

Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	188
Total Admissions 2013	30
Total Discharges 2013	39
Residents on 12/31/2013	179

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	177
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	179

Total Residents Diagnosed as Mentally Ill 177

Total Residents Reported as Identified Offenders 16

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	197	197	189	197	179	18	0	197
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	197	197	189	197	179	18	0	197

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	42318	58.9%	0	0	1336	0	43654	60.7%	60.7%
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	0	0.0%	42318	58.9%	0	0	1336	0	43654	60.7%	60.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	31	13	0	0	0	0	0	0	31	13	44
45 to 59	50	27	0	0	0	0	0	0	50	27	77
60 to 64	13	8	0	0	0	0	0	0	13	8	21
65 to 74	13	15	0	0	0	0	0	0	13	15	28
75 to 84	5	4	0	0	0	0	0	0	5	4	9
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	112	67	0	0	0	0	0	0	112	67	179

BOURBONNAIS TERRACE NURSING HOME
133 MOHAWK DRIVE
BOURBONNAIS, IL. 60914

Classification Numbers

License Number	6001069	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	176	0	0	3	0	179
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	176	0	0	3	0	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	124	124
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	66	0	0	0	66
Hawaiian/Pacific Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	6	0	0	0	6
Total	179	0	0	0	179

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	173	0	0	0	173
Ethnicity Unknown	0	0	0	0	0
Total	179	0	0	0	179

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	12.00
Certified Aides	40.00
Other Health Staff	8.00
Non-Health Staff	35.00
Totals	100.00

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
0.0%	97.4%	0.0%	0.0%	2.6%	100.0%		
0	6,271,543	0	0	165,169	6,436,712	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	6/27/2012	Formerly 'Bourbonnais Terrace'.
CHOW	6/27/2012	Change of ownership occurred.

BOYD AVENUE
110 SOUTH BOYD AVENUE
AMBOY, IL. 61310

Reference Numbers Facility ID 6013635
Health Service Area 001 Planning Service Area 103

Administrator
Ron Heiderscheit

Contact Person and Telephone
Ron Heiderscheit
815-288-6691 ext. 269

Date Completed
4/1/2014

Registered Agent Information
Jeff Stauter
500 Anchor Road
Dixon, IL 61021

Building	Reported Age
Building 1 Boyd Group home	21
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	6
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	2	0	0	0	2	0	2
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	6	0	0	0	6	0	6

BOYD AVENUE
110 SOUTH BOYD AVENUE
AMBOY, IL. 61310

Classification Numbers

License Number	6013635	
Health Service Area	001	
Planning Service Area	103	Lee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	191	182
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	0.00
LPN's	0.25
Certified Aides	5.25
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	7.00

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
0.0%	16.0%	83.6%	0.0%	0.4%	100.0%		
0	62,834	327,428	0	1,588	391,850	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRACH HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6011555
Health Service Area 006 Planning Service Area 601

Administrator
Joseph Ferrara

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Date Completed
4/2/2014

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Building	Reported Age
Building 1 Brach House	31
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
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	11

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	11	1		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	11	1	0	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4013	91.6%	0	0	181	0	4194	95.8%	95.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4013	91.6%	0	0	181	0	4194	95.8%	95.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	11	0	0	0	11	0	11
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	11	0	0	0	11	0	11

BRACH HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Classification Numbers

License Number	6011555	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	6.70
Other Health Staff	2.45
Non-Health Staff	0.33
Totals	9.88

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%	75.7%	0.0%	0.0%	24.3%	100.0%		
0	480,954	0	0	154,228	635,182	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRADLEY ROYALE HEALTHCARE CTR
650 NORTH KINZIE
BRADLEY, IL. 60915

Reference Numbers Facility ID 6001085
Health Service Area 009 Planning Service Area 091

Administrator
Benjamin Friedman

Contact Person and Telephone
Amanda Cieslik
815-933-1666

Date Completed
4/4/2014

Registered Agent Information
Benjamin Friedman
650 N. Kinzie
Bradley, IL 60915

Building	Reported Age
Building 1	49
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	99
Total Admissions 2013	40
Total Discharges 2013	45
Residents on 12/31/2013	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	31
Mental Illness	5
Developmental Disability	0
Circulatory System	38
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 41

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	101	120	94	26	67	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	101	120	94	26	67	120

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1572	6.4%	26804	61.2%	0	0	5644	0	34020	77.7%	77.7%
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	1572	6.4%	26804	61.2%	0	0	5644	0	34020	77.7%	77.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	2	18	0	0	0	0	0	0	2	18	20
85+	7	60	0	0	0	0	0	0	7	60	67
TOTALS	11	83	0	0	0	0	0	0	11	83	94

BRADLEY ROYALE HEALTHCARE CTR
650 NORTH KINZIE
BRADLEY, IL. 60915

Classification Numbers

License Number	6001085	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	70	0	0	21	0	94
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	70	0	0	21	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	1	0	0	0	1
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	93	0	0	0	93
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	9.00
LPN's	5.00
Certified Aides	34.00
Other Health Staff	4.00
Non-Health Staff	34.00
Totals	90.00

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
11.2%	73.8%	0.0%	0.0%	15.0%	100.0%		
498,825	3,290,011	0	0	667,318	4,456,154	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRAUNS TERRACE
1115 EAST WASHINGTON AVE
GREENVILLE, IL. 62246

Reference Numbers Facility ID 6012090
Health Service Area 005 Planning Service Area 005

Administrator
Kathy Bruce

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Brauns Terrace	24
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5835	99.9%	0	0	0	0	5835	99.9%	99.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5835	99.9%	0	0	0	0	5835	99.9%	99.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	2	0	0	4	2	6
45 to 59	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	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	0	0	0	0	10	6	0	0	10	6	16

BRAUNS TERRACE
1115 EAST WASHINGTON AVE
GREENVILLE, IL. 62246

Classification Numbers

License Number	6012090	
Health Service Area	005	
Planning Service Area	005	Bond

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	118
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	709,166	0	0	0	709,166	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BREESE NURSING HOME
1155 NORTH FIRST STREET
BREESE, IL. 62230

Reference Numbers Facility ID 6001101
Health Service Area 011 Planning Service Area 027

Administrator
Martha Jodine Jackson

Contact Person and Telephone
Martha Jodine Jackson
618-526-4521

Date Completed
4/3/2014

Registered Agent Information
Garrett Reuter
12 Wolf Creek Drive Suite 100
Swansea, IL 62226

Building		Reported Age
Building 1	Breese Nursing Home	30
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	74
Total Admissions 2013	71
Total Discharges 2013	73
Residents on 12/31/2013	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	26
Mental Illness	1
Developmental Disability	3
Circulatory System	13
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	21
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	112	112	75	112	72	40	38	112
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	112	112	75	112	72	40	38	112

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1893	13.6%	10549	25.8%	0	0	13132	0	25574	62.6%	62.6%
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	1893	13.6%	10549	25.8%	0	0	13132	0	25574	62.6%	62.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	10	32	0	0	0	0	0	0	10	32	42
TOTALS	25	47	0	0	0	0	0	0	25	47	72

BREESE NURSING HOME
1155 NORTH FIRST STREET
BREESE, IL. 62230

Classification Numbers

License Number	6001101	
Health Service Area	011	
Planning Service Area	027	Clinton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	30	0	0	39	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	30	0	0	39	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	113
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	11.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	63.00

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
30.6%	30.6%	0.0%	0.0%	38.8%	100.0%		
1,193,613	1,192,954	0	0	1,514,992	3,901,559	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRENTWOOD SUB-ACUTE HLTH-CARE
5400 WEST 87TH STREET
BURBANK, IL. 60459

Reference Numbers Facility ID 6001127
Health Service Area 007 Planning Service Area 705

Administrator
Kristin Mitchell

Contact Person and Telephone
KRISTIN MITCHELL
708-423-1200

Date Completed
3/31/2014

Registered Agent Information

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	17
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	10
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	52
Building 2	38
Building 3	29
Building 4	11
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	82
Total Admissions 2013	1,074
Total Discharges 2013	1,348
Residents on 12/31/2013	-192

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	163	163	85	163	85	78	163	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	163	163	85	163	85	78	163	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	20513	34.5%	0	0.0%	0	11127	2580	0	34220	57.5%	57.5%
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	20513	34.5%	0	0.0%	0	11127	2580	0	34220	57.5%	57.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	0	0	0	0	3	1	4
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	7	11	0	0	0	0	0	0	7	11	18
75 to 84	12	15	0	0	0	0	0	0	12	15	27
85+	7	15	0	0	0	0	0	0	7	15	22
TOTALS	34	51	0	0	0	0	0	0	34	51	85

BRENTWOOD SUB-ACUTE HLTH-CARE
5400 WEST 87TH STREET
BURBANK, IL. 60459

Classification Numbers

License Number	6001127	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	62	0	0	18	5	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	62	0	0	18	5	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	42	0	0	0	42
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	1	0	0	0	1
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	35.00
Certified Aides	42.00
Other Health Staff	24.00
Non-Health Staff	35.00
Totals	163.00

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
72.9%	0.0%	0.0%	21.2%	5.9%	100.0%		
62	0	0	18	5	85	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRENTWOOD-NORTH HLTHCRE & REHAB CENT
3705 DEERFIELD ROAD
RIVERWOODS, IL. 60015

Reference Numbers Facility ID 6001119
Health Service Area 008 Planning Service Area 097

Administrator
Philip Thompson

Contact Person and Telephone
Phil Thompson

Registered Agent Information **Date Completed** 4/17/2014

Building	Reported Age
Building 1 Brentwood North Healthcare and	39
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	136
Total Admissions 2013	677
Total Discharges 2013	670
Residents on 12/31/2013	143

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	56
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	4
Other Medical Conditions	55
Non-Medical Conditions	0
TOTALS	143

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	240	240	160	240	143	97	240	240
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	240	240	160	240	143	97	240	240

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12702	14.5%	18911	21.6%	0	3413	17469	0	52495	59.9%	59.9%
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	12702	14.5%	18911	21.6%	0	3413	17469	0	52495	59.9%	59.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	17	34	0	0	0	0	0	0	17	34	51
75 to 84	10	26	0	0	0	0	0	0	10	26	36
85+	14	32	0	0	0	0	0	0	14	32	46
TOTALS	47	96	0	0	0	0	0	0	47	96	143

BRENTWOOD-NORTH HLTHCRE & REHAB CENT
3705 DEERFIELD ROAD
RIVERWOODS, IL. 60015

Classification Numbers

License Number	6001119	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	47	0	9	61	0	143
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	47	0	9	61	0	143

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	263	202
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	139	0	0	0	139
Race Unknown	0	0	0	0	0
Total	143	0	0	0	143

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	0	0	0	0	0
Total	143	0	0	0	143

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	9.00
Certified Aides	46.00
Other Health Staff	3.00
Non-Health Staff	35.00
Totals	118.00

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
41.3%	23.8%	0.0%	8.5%	26.4%	100.0%		
5,334,711	3,069,062	0	1,097,078	3,408,220	12,909,071	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRIAR PLACE
6800 WEST JOLIET
INDIAN HEAD PARK, IL. 60525

Reference Numbers Facility ID 6001143
Health Service Area 007 Planning Service Area 705

Administrator
Delnaz Vazifdar

Contact Person and Telephone
Ron Cournaya
847-905-3000

Date Completed
3/4/2014

Registered Agent Information
Holly Turner
2201 W Main St
Evanston, IL 60202

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	219
Total Admissions 2013	123
Total Discharges 2013	119
Residents on 12/31/2013	223

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	4
Mental Illness	107
Developmental Disability	9
Circulatory System	7
Respiratory System	29
Digestive System	7
Genitourinary System Disorders	7
Skin Disorders	5
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	223

Total Residents Diagnosed as Mentally Ill 189

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	232	232	232	232	223	9	88	232
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	232	232	232	232	223	9	88	232

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3212	10.0%	71022	83.9%	3205	69	945	0	78453	92.6%	92.6%
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	3212	10.0%	71022	83.9%	3205	69	945	0	78453	92.6%	92.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	8	0	0	0	0	0	0	8	8	16
45 to 59	56	25	0	0	0	0	0	0	56	25	81
60 to 64	26	17	0	0	0	0	0	0	26	17	43
65 to 74	33	19	0	0	0	0	0	0	33	19	52
75 to 84	12	19	0	0	0	0	0	0	12	19	31
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	135	88	0	0	0	0	0	0	135	88	223

BRIAR PLACE
6800 WEST JOLIET
INDIAN HEAD PARK, IL. 60525

Classification Numbers

License Number	6001143	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	197	9	0	5	0	223
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	197	9	0	5	0	223

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	181	171
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	34	0	0	0	34
Hawaiian/Pacific Isl.	0	0	0	0	0
White	186	0	0	0	186
Race Unknown	0	0	0	0	0
Total	223	0	0	0	223

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	216	0	0	0	216
Ethnicity Unknown	0	0	0	0	0
Total	223	0	0	0	223

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	14.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	8.00
LPN's	12.00
Certified Aides	30.00
Other Health Staff	8.00
Non-Health Staff	33.00
Totals	107.00

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
9.4%	85.4%	3.3%	0.2%	1.6%	100.0%		
983,254	8,893,162	346,458	25,594	161,424	10,409,892	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRIARBROOK PLACE
228 BRIARBROOK DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6013320
Health Service Area 002 Planning Service Area 179

Administrator
LeAnn Thomas

Contact Person and Telephone
LeAnn Thomas
309-698-9200

Date Completed
3/27/2014

Registered Agent Information
John Mirecki
3615 Park Drive Ste 100
Olympia Fields, IL 60451

Building	Reported Age
Building 1 Briarbrook Place	22
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	4
Total Discharges 2013	6
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	12	4	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4758	81.5%	0	0	0	0	4758	81.5%	81.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4758	81.5%	0	0	0	0	4758	81.5%	81.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	3	0	0	4	3	7
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	6	6	0	0	6	6	12

BRIARBROOK PLACE
228 BRIARBROOK DRIVE
EAST PEORIA, IL. 61611

Classification Numbers

License Number	6013320	
Health Service Area	002	
Planning Service Area	179	Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	142	132
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	11.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	505,028	0	0	0	505,028	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRIDGE CARE SUITES
3089 OLD JACKSONVILLE ROAD
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6016794
Health Service Area 003 Planning Service Area 167

Administrator
Lisa Cone

Contact Person and Telephone
Lisa Cone
217-787-0000

Date Completed
3/27/2014

Registered Agent Information
V Corp Services LLC
25 Robert Pitt Drive Suite 204
Monsey, NY 10952

Building	Reported Age
Building 1 The Bridge Care Suites	1
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	0
Total Admissions 2013	284
Total Discharges 2013	250
Residents on 12/31/2013	34

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	34

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	75	75	42	75	34	41	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	75	75	42	75	34	41	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6239	0.0%	14	0.0%	0	295	280	113	6941	25.4%	25.4%
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	6239	0.0%	14	0.0%	0	295	280	113	6941	25.4%	25.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	0	10	0	0	0	0	0	0	0	10	10
TOTALS	10	24	0	0	0	0	0	0	10	24	34

BRIDGE CARE SUITES
3089 OLD JACKSONVILLE ROAD
SPRINGFIELD, IL. 62704

Classification Numbers

License Number	6016794	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	0	0	3	0	0	34
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	0	0	3	0	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	34	0	0	0	34

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	34	0	0	0	34
Ethnicity Unknown	0	0	0	0	0
Total	34	0	0	0	34

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	8.00
Certified Aides	29.00
Other Health Staff	27.00
Non-Health Staff	20.00
Totals	95.00

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
91.7%	0.0%	0.0%	5.6%	2.7%	100.0%		
2,937,273	214	0	179,524	85,890	3,202,901	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRIDGEVIEW HEALTH CARE CENTER
8100 SOUTH HARLEM AVENUE
BRIDGEVIEW, IL. 60455

Reference Numbers Facility ID 6001168
Health Service Area 007 Planning Service Area 705

Administrator
Martha L Peck

Contact Person and Telephone
CHRISTINE MICHAELS
708-594-5440

Date Completed
8/11/2014

Registered Agent Information

(Not Answered)

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	123
Total Admissions 2013	228
Total Discharges 2013	230
Residents on 12/31/2013	121

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	2
Circulatory System	47
Respiratory System	20
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	46
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	130

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	146	146	130	146	130	16	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	146	146	130	146	130	16	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5525	0.0%	27264	0.0%	0	0	9641	0	42430	79.6%	79.6%
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	5525	0.0%	27264	0.0%	0	0	9641	0	42430	79.6%	79.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	9	11	0	0	0	0	0	0	9	11	20
75 to 84	9	19	0	0	0	0	0	0	9	19	28
85+	16	61	0	0	0	0	0	0	16	61	77
TOTALS	36	94	0	0	0	0	0	0	36	94	130

BRIDGEVIEW HEALTH CARE CENTER
8100 SOUTH HARLEM AVENUE
BRIDGEVIEW, IL. 60455

Classification Numbers

License Number	6001168	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	80	0	0	35	0	130
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	80	0	0	35	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	130	0	0	0	130

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
Total	130	0	0	0	130

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	18.00
Certified Aides	44.00
Other Health Staff	7.00
Non-Health Staff	19.00
Totals	98.00

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
29.2%	50.8%	0.0%	3.3%	16.7%	100.0%		
2,578,011	4,490,112	0	293,313	1,480,964	8,842,400	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRIDGEWAY CHRISTIAN VILLAGE REHAB & SNF
111 EAST WASHINGTON
BENSENVILLE, IL. 60106

Reference Numbers Facility ID 6000353
Health Service Area 007 Planning Service Area 703

Administrator
Linda Pyfer

Contact Person and Telephone
Susan McGhee
217-732-9651

Date Completed
3/25/2014

Registered Agent Information
Timothy Phillippe
200 N. Postville Dr

Life Care Facility

Building		Reported Age
Building 1	Bridgeway Christian Village	60
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	147
Total Admissions 2013	395
Total Discharges 2013	396
Residents on 12/31/2013	146

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	11
Endocrine/Metabolic	10
Blood Disorders	3
*Nervous System Non Alzheimer	5
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	13
Digestive System	9
Genitourinary System Disorders	12
Skin Disorders	8
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	146

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	222	187	180	187	146	76	222	143
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	222	187	180	187	146	76	222	143

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11908	14.7%	34786	66.6%	596	1235	8826	0	57351	70.8%	84.0%
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	11908	14.7%	34786	66.6%	596	1235	8826	0	57351	70.8%	84.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	3	6	0	0	0	0	0	0	3	6	9
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	21	46	0	0	0	0	0	0	21	46	67
85+	6	45	0	0	0	0	0	0	6	45	51
TOTALS	38	108	0	0	0	0	0	0	38	108	146

BRIDGEWAY CHRISTIAN VILLAGE REHAB & SNF
111 EAST WASHINGTON
BENSENVILLE, IL. 60106

Classification Numbers

License Number	6000353	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	96	0	5	26	0	146
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	96	0	5	26	0	146

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	365	266
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	2	0	0	0	2
White	137	0	0	0	137
Race Unknown	0	0	0	0	0
Total	146	0	0	0	146

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	140	0	0	0	140
Ethnicity Unknown	0	0	0	0	0
Total	146	0	0	0	146

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.50
Director of Nursing	2.00
Registered Nurses	30.00
LPN's	20.00
Certified Aides	74.00
Other Health Staff	7.00
Non-Health Staff	43.00
Totals	177.50

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
45.8%	35.6%	0.0%	1.6%	17.0%	100.0%		
6,461,314	5,026,200	0	222,547	2,392,300	14,102,361	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRIGHTVIEW CARE CENTER
4538 NORTH BEACON
CHICAGO, IL. 60640

Reference Numbers Facility ID 6001176
Health Service Area 006 Planning Service Area 601

Administrator
Jack Kropp

Contact Person and Telephone
Jack Kropp
773-275-7200

Date Completed
4/4/2014

Registered Agent Information
Stan Klem
4600 West Touhy Avenue
Liincolnwood, IL 60712

Building		Reported Age
Building 1	Brightview Healthcare and Reha	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	113
Total Admissions 2013	122
Total Discharges 2013	135
Residents on 12/31/2013	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	1
Mental Illness	10
Developmental Disability	1
Circulatory System	33
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	5
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 26

Total Residents Reported as Identified Offenders 12

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	143	143	122	143	100	43	143	143
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	143	143	122	143	100	43	143	143

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4005	7.7%	34832	66.7%	143	93	809	636	40518	77.6%	77.6%
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	4005	7.7%	34832	66.7%	143	93	809	636	40518	77.6%	77.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	0	0	0	0	3	2	5
45 to 59	24	13	0	0	0	0	0	0	24	13	37
60 to 64	6	6	0	0	0	0	0	0	6	6	12
65 to 74	6	14	0	0	0	0	0	0	6	14	20
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	9	2	0	0	0	0	0	0	9	2	11
TOTALS	51	49	0	0	0	0	0	0	51	49	100

BRIGHTVIEW CARE CENTER
4538 NORTH BEACON
CHICAGO, IL. 60640

Classification Numbers

License Number	6001176	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	68	13	0	9	1	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	68	13	0	9	1	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	47	0	0	0	47
Hawaiian/Pacific Isl.	1	0	0	0	1
White	40	0	0	0	40
Race Unknown	12	0	0	0	12
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	20.00
Certified Aides	49.00
Other Health Staff	0.00
Non-Health Staff	38.00
Totals	124.00

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
30.8%	76.7%	0.0%	0.9%	3.1%	111.5%		
2,065,111	5,135,530	-768,842	58,794	205,628	6,696,221	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRITISH HOME
8700 WEST 31ST STREET
BROOKFIELD, IL. 60513

Reference Numbers Facility ID 6001184
Health Service Area 007 Planning Service Area 704

Administrator
Julie M Adduci

Contact Person and Telephone
JULIE M ADDUCI
708-485-8788

Date Completed
4/1/2014

Registered Agent Information
John Larson
8700 West 31st Street
Brookfield, IL 60513

Continuing Care Retirement Community

Building		Reported Age
Building 1	snf	24
Building 2	sheltered care	94
Building 3	assisted living	11
Building 4	independent living	29
Building 5	icf	61

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	81
Total Admissions 2013	428
Total Discharges 2013	439
Residents on 12/31/2013	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	11
TOTALS	70

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	72	72	72	72	51	21	66	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	20	20	20	20	19	1		
TOTAL BEDS	92	92	92	92	70	22	66	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12476	51.8%	0	0.0%	0	256	8965	730	22427	85.3%	85.3%
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	6817	0	6817	93.4%	93.4%
TOTALS	12476	51.8%	0	0.0%	0	256	15782	730	29244	87.1%	87.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	2	0	0	0	0	1	0	2	2	4
75 to 84	5	8	0	0	0	0	1	1	6	9	15
85+	8	25	0	0	0	0	5	11	13	36	49
TOTALS	14	37	0	0	0	0	7	12	21	49	70

BRITISH HOME
8700 WEST 31ST STREET
BROOKFIELD, IL. 60513

Classification Numbers

License Number	6001184	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	0	0	0	19	2	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	19	0	19
TOTALS	32	0	0	0	38	2	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	321	294
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	202	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	19	68
Race Unknown	0	0	0	0	0
Total	51	0	0	19	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	50	0	0	19	69
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	19	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	3.00
Certified Aides	25.00
Other Health Staff	3.00
Non-Health Staff	2.00
Totals	48.00

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
58.5%	0.0%	0.0%	4.9%	36.6%	100.0%		
5,789,534	0	0	486,182	3,621,088	9,896,804	39,482	0.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BROADWAY TERRACE
43 BROADWAY
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6012959
Health Service Area 007 Planning Service Area 705

Administrator
Annette Whitlock

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Broadway Terrace	22
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	7	6	0	0	7	6	13
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	1	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	0	0	0	0	8	8	0	0	8	8	16

BROADWAY TERRACE
43 BROADWAY
CHICAGO HEIGHTS, IL. 60411

Classification Numbers

License Number	6012959	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	151
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	846,110	0	0	0	846,110	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRONZEVILLE PARK NURSING & LIV CTR
3400 SOUTH INDIANA AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID 6001689
Health Service Area 006 Planning Service Area 603

Administrator
NIQUITTA BERRY

Contact Person and Telephone
Lesa Jagusch

Date Completed
4/4/2014

Registered Agent Information
ABE STERN
191 N. WACKER DRIVE, #1800
Chicago, IL 60616

Building	Reported Age
Building 1 BRONZEVILLE PARK	40
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	259
Total Admissions 2013	499
Total Discharges 2013	505
Residents on 12/31/2013	253

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	66
Mental Illness	0
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	187
TOTALS	253

Total Residents Diagnosed as Mentally Ill 69

Total Residents Reported as Identified Offenders 14

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	302	296	277	296	253	49	302	302
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	302	296	277	296	253	49	302	302

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5505	5.0%	16321	14.8%	2964	0	1224	15	26029	23.6%	24.1%
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	5505	5.0%	16321	14.8%	2964	0	1224	15	26029	23.6%	24.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	4	0	0	0	0	0	0	3	4	7
45 to 59	34	16	0	0	0	0	0	0	34	16	50
60 to 64	16	13	0	0	0	0	0	0	16	13	29
65 to 74	27	21	0	0	0	0	0	0	27	21	48
75 to 84	34	32	0	0	0	0	0	0	34	32	66
85+	13	40	0	0	0	0	0	0	13	40	53
TOTALS	127	126	0	0	0	0	0	0	127	126	253

BRONZEVILLE PARK NURSING & LIV CTR
3400 SOUTH INDIANA AVENUE
CHICAGO, IL. 60616

Classification Numbers

License Number	6001689	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	202	8	0	12	1	253
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	202	8	0	12	1	253

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	249
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	2	0	0	0	2
Black	218	0	0	0	218
Hawaiian/Pacific Isl.	0	0	0	0	0
White	11	0	0	0	11
Race Unknown	17	0	0	0	17
Total	253	0	0	0	253

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	247	0	0	0	247
Ethnicity Unknown	0	0	0	0	0
Total	253	0	0	0	253

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	33.00
Certified Aides	80.00
Other Health Staff	0.00
Non-Health Staff	93.00
Totals	220.00

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
16.1%	71.0%	8.6%	0.0%	4.4%	100.0%		
2,124,146	9,376,522	1,137,005	0	576,022	13,213,695	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BROTHER JAMES COURT
2508 ST JAMES ROAD
SPRINGFIELD, IL. 62707

Reference Numbers Facility ID 6001226
Health Service Area 003 Planning Service Area 167

Administrator
Cindy Russell

Contact Person and Telephone
MARY F. SHADE
217-747-5912

Date Completed
3/28/2014

Registered Agent Information
William Sheehan
1214 S. 8th St.
Springfield, IL 62703

Building		Reported Age
Building 1	Orignal Building	38
Building 2	1st Addition/Remodel	17
Building 3	2nd Addition/Remodel	16
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	98
Total Admissions 2013	7
Total Discharges 2013	11
Residents on 12/31/2013	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	94
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	94

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	99	98	98	98	94	5		99
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	98	98	98	94	5	0	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			34690	96.0%	0	0	365	0	35055	97.0%	98.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	34690	96.0%	0	0	365	0	35055	97.0%	98.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	15	0	0	0	15	0	15
45 to 59	0	0	0	0	52	0	0	0	52	0	52
60 to 64	0	0	0	0	12	0	0	0	12	0	12
65 to 74	0	0	0	0	11	0	0	0	11	0	11
75 to 84	0	0	0	0	4	0	0	0	4	0	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	94	0	0	0	94	0	94

BROTHER JAMES COURT
2508 ST JAMES ROAD
SPRINGFIELD, IL. 62707

Classification Numbers

License Number	6001226	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		93	0	0	1	0	94
Sheltered Care			0	0	0	0	0
TOTALS	0	93	0	0	1	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	127	124
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	89	0	89
Race Unknown	0	0	0	0	0
Total	0	0	94	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	94	0	94
Ethnicity Unknown	0	0	0	0	0
Total	0	0	94	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	11.00
Certified Aides	52.00
Other Health Staff	2.00
Non-Health Staff	33.00
Totals	100.00

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
0.0%	75.3%	0.0%	0.0%	24.7%	100.0%		
0	3,199,318	0	0	1,052,107	4,251,425	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRYAN MANOR
2150 EAST MCCORD PO BOX 568
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6001234
Health Service Area 005 Planning Service Area 121

Administrator
Georgia Miller

Contact Person and Telephone
CAROLYN HARPER
618-918-3770

Date Completed
3/26/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	97
Total Admissions 2013	17
Total Discharges 2013	15
Residents on 12/31/2013	99

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	99
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	99

Total Residents Diagnosed as Mentally Ill 34

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	100	100	100	100	99	1		93
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	100	100	99	1	0	93

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			35790	######	0	0	0	0	35790	98.1%	98.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	35790	######	0	0	0	0	35790	98.1%	98.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	14	6	0	0	14	6	20
45 to 59	0	0	0	0	24	22	0	0	24	22	46
60 to 64	0	0	0	0	6	6	0	0	6	6	12
65 to 74	0	0	0	0	13	6	0	0	13	6	19
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	58	41	0	0	58	41	99

BRYAN MANOR
2150 EAST MCCORD PO BOX 568
CENTRALIA, IL. 62801

Classification Numbers

License Number	6001234	
Health Service Area	005	
Planning Service Area	121	Marion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		99	0	0	0	0	99
Sheltered Care			0	0	0	0	0
TOTALS	0	99	0	0	0	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	204
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	19	0	19
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	80	0	80
Race Unknown	0	0	0	0	0
Total	0	0	99	0	99

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	99	0	99
Ethnicity Unknown	0	0	0	0	0
Total	0	0	99	0	99

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	13.00
Certified Aides	85.00
Other Health Staff	6.00
Non-Health Staff	35.00
Totals	146.00

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
0.0%	88.7%	2.2%	0.0%	9.1%	100.0%		
0	6,296,525	154,137	0	645,535	7,096,197	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRYN MAWR CARE
5547 NORTH KENMORE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6002018
Health Service Area 006 Planning Service Area 601

Administrator
Cynthia Schofield

Contact Person and Telephone
CYNTHIA SCHOFIELD
773-561-7040

Date Completed
4/4/2014

Registered Agent Information
Thomas Winter
6840 N Lincoln Avenue
Liincolnwood, IL 60712

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	158
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	158

Total Residents Diagnosed as Mentally Ill 158

Total Residents Reported as Identified Offenders 35

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	162
Total Admissions 2013	80
Total Discharges 2013	84
Residents on 12/31/2013	158

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	174	174	174	174	158	16	0	174
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	174	174	174	174	158	16	0	174

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	59575	93.8%	0	0	52	0	59627	93.9%	93.9%
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	0	0.0%	59575	93.8%	0	0	52	0	59627	93.9%	93.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	23	20	0	0	0	0	0	0	23	20	43
45 to 59	52	21	0	0	0	0	0	0	52	21	73
60 to 64	18	5	0	0	0	0	0	0	18	5	23
65 to 74	8	2	0	0	0	0	0	0	8	2	10
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	104	54	0	0	0	0	0	0	104	54	158

BRYN MAWR CARE
5547 NORTH KENMORE
CHICAGO, IL. 60640

Classification Numbers

License Number	6002018	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	157	0	0	1	0	158
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	157	0	0	1	0	158

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	1	0	0	0	1
Black	59	0	0	0	59
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	158	0	0	0	158

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	146	0	0	0	146
Ethnicity Unknown	0	0	0	0	0
Total	158	0	0	0	158

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	27.00
Other Health Staff	9.00
Non-Health Staff	29.00
Totals	78.00

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
0.0%	77.5%	0.0%	0.0%	22.5%	100.0%		
0	4,681,220	0	0	1,356,245	6,037,465	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BUCKINGHAM PAVILION
2625 WEST TOUHY AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID 6001242
Health Service Area 006 Planning Service Area 601

Administrator
ERIC STERN

Contact Person and Telephone
LARISA FRIDMAN
773-973-5333

Date Completed
3/28/2014

Registered Agent Information

Building		Reported Age
Building 1	BUCKINGHAM PAVILION	39
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	111
Total Admissions 2013	53
Total Discharges 2013	68
Residents on 12/31/2013	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	13
Endocrine/Metabolic	17
Blood Disorders	4
*Nervous System Non Alzheimer	7
Alzheimer Disease	26
Mental Illness	5
Developmental Disability	0
Circulatory System	8
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	96

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	247	247	108	247	96	151	235	235
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	247	247	108	247	96	151	235	235

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2368	2.8%	22222	25.9%	0	84	11633	0	36307	40.3%	40.3%
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	2368	2.8%	22222	25.9%	0	84	11633	0	36307	40.3%	40.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	11	19	0	0	0	0	0	0	11	19	30
85+	10	39	0	0	0	0	0	0	10	39	49
TOTALS	28	68	0	0	0	0	0	0	28	68	96

BUCKINGHAM PAVILION
2625 WEST TOUHY AVENUE
CHICAGO, IL. 60645

Classification Numbers

License Number	6001242	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	55	0	0	36	0	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	55	0	0	36	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	235
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	7.00
Certified Aides	32.00
Other Health Staff	3.00
Non-Health Staff	26.00
Totals	81.00

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
18.4%	36.5%	0.0%	0.7%	44.4%	100.0%		
1,066,886	2,120,556	0	40,509	2,581,570	5,809,521	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BURGESS SQUARE
5801 SOUTH CASS AVENUE
WESTMONT, IL. 60559

Reference Numbers Facility ID 6001259
Health Service Area 007 Planning Service Area 703

Administrator
Neal Glein

Contact Person and Telephone
KATHY JO PETERSEN
630-971-2645

Date Completed
4/4/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	6
Mental Illness	3
Developmental Disability	0
Circulatory System	21
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	4
Other Medical Conditions	83
Non-Medical Conditions	0
TOTALS	147

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	144
Total Admissions 2013	946
Total Discharges 2013	943
Residents on 12/31/2013	147

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	203	162	190	147	56	203	24
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	203	162	190	147	56	203	24

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	20404	27.5%	15557	######	0	3056	14826	0	53843	72.7%	72.7%
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	20404	27.5%	15557	######	0	3056	14826	0	53843	72.7%	72.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	6	14	0	0	0	0	0	0	6	14	20
75 to 84	11	22	0	0	0	0	0	0	11	22	33
85+	16	70	0	0	0	0	0	0	16	70	86
TOTALS	35	112	0	0	0	0	0	0	35	112	147

BURGESS SQUARE
5801 SOUTH CASS AVENUE
WESTMONT, IL. 60559

Classification Numbers

License Number	6001259	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	55	37	0	7	48	0	147
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	55	37	0	7	48	0	147

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	265	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	140	0	0	0	140
Race Unknown	0	0	0	0	0
Total	147	0	0	0	147

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	147	0	0	0	147
Ethnicity Unknown	0	0	0	0	0
Total	147	0	0	0	147

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	31.00
LPN's	18.00
Certified Aides	70.00
Other Health Staff	35.00
Non-Health Staff	82.00
Totals	240.00

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
62.5%	13.0%	0.0%	5.5%	19.0%	100.0%		
11,006,919	2,281,477	0	971,964	3,347,870	17,608,230	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/3/2012	Change of ownership occurred.

BURGIN MANOR OF OLNEY, INC.
900-928 EAST SCOTT
OLNEY, IL. 62450

Reference Numbers Facility ID 6001275
Health Service Area 005 Planning Service Area 159

Administrator
STACY BLUE

Contact Person and Telephone
SUE BURGIN
618-395-1000

Date Completed
2/27/2014

Registered Agent Information
SEAN P. CLANCY
858 SUNNYHILL LANE
Columbia, IL 62236

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	24
Mental Illness	19
Developmental Disability	1
Circulatory System	27
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	29
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	137

Total Residents Diagnosed as Mentally Ill 29

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	EAST BUILDING	48
Building 2	EAST BUILDING SUITES	17
Building 3	WEST BUILDING	41
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	131
Total Admissions 2013	101
Total Discharges 2013	95
Residents on 12/31/2013	137

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	157	157	142	157	137	20	157	137
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	157	157	142	157	137	20	157	137

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5396	9.4%	22832	45.7%	0	0	20218	0	48446	84.5%	84.5%
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	5396	9.4%	22832	45.7%	0	0	20218	0	48446	84.5%	84.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	1	7	0	0	0	0	0	0	1	7	8
75 to 84	9	25	0	0	0	0	0	0	9	25	34
85+	18	72	0	0	0	0	0	0	18	72	90
TOTALS	29	108	0	0	0	0	0	0	29	108	137

BURGIN MANOR OF OLNEY, INC.
900-928 EAST SCOTT
OLNEY, IL. 62450

Classification Numbers

License Number	6001275	
Health Service Area	005	
Planning Service Area	159	Richland

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	60	0	0	61	0	137
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	60	0	0	61	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	136	0	0	0	136
Race Unknown	0	0	0	0	0
Total	137	0	0	0	137

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	137	0	0	0	137
Ethnicity Unknown	0	0	0	0	0
Total	137	0	0	0	137

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	21.00
Certified Aides	63.00
Other Health Staff	0.00
Non-Health Staff	59.00
Totals	165.00

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
		0.0%	0.0%				
2,949,430	2,583,360	0		2,932,475		0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BURNHAM HOUSE
545 BURNHAM
UNIVERSITY PARK, IL. 60466

Reference Numbers Facility ID 6014542
Health Service Area 009 Planning Service Area 197

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217-398-0754 ext 13

Date Completed
4/3/2014

Registered Agent Information
Dave Krchak
30 E Main st
Champaign, IL 61821

Building		Reported Age
Building 1	545 Burnham university park Illi	20
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5833	99.9%	0	0	0	0	5833	99.9%	99.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5833	99.9%	0	0	0	0	5833	99.9%	99.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	3	0	0	4	3	7
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	1	0	0	1	1	2
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	8	8	0	0	8	8	16

BURNHAM HOUSE
545 BURNHAM
UNIVERSITY PARK, IL. 60466

Classification Numbers

License Number	6014542	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	185	185
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	14.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	903,183	0	0	0	903,183	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

BURNSIDES COMMUNITY HEALTH CENTER
410 N 2nd ST P.O. Box 219
MARSHALL, IL. 62441

Reference Numbers Facility ID 6001291
Health Service Area 004 Planning Service Area 023

Administrator
Debra Gill

Contact Person and Telephone
Rabecca Howard
309-823-7139

Date Completed
3/21/2014

Registered Agent Information
Stephen Paul Arney
410 N. 2nd Street P.O. Box 219
Marshall, IL 62441

Building		Reported Age
Building 1	A Wing; B Wing and D Wing (1	51
Building 2	E Wing (1969)	45
Building 3	F Wing (1995)	19
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	98
Total Admissions 2013	91
Total Discharges 2013	116
Residents on 12/31/2013	73

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	23
Mental Illness	14
Developmental Disability	0
Circulatory System	9
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 42

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	105	102	98	99	73	32	105	105
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	105	102	98	99	73	32	105	105

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3712	9.7%	12253	32.0%	0	0	10455	0	26420	68.9%	71.0%
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	3712	9.7%	12253	32.0%	0	0	10455	0	26420	68.9%	71.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	8	16	0	0	0	0	0	0	8	16	24
85+	5	33	0	0	0	0	0	0	5	33	38
TOTALS	17	56	0	0	0	0	0	0	17	56	73

BURNSIDES COMMUNITY HEALTH CENTER
410 N 2nd ST P.O. Box 219
MARSHALL, IL. 62441

Classification Numbers

License Number	6001291	
Health Service Area	004	
Planning Service Area	023	Clark

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	24	0	0	44	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	24	0	0	44	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	183	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	11.00
Certified Aides	29.00
Other Health Staff	0.00
Non-Health Staff	33.00
Totals	83.00

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
35.9%	32.4%	0.0%	0.0%	31.8%	100.0%		
1,583,943	1,430,941	0	0	1,402,740	4,417,624	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CAHOKIA NURSING & REHAB CTR
#2 ANNABLE COURT
CAHOKIA, IL. 62206

Reference Numbers Facility ID 6001317
Health Service Area 011 Planning Service Area 163

Administrator
JAN KALZ

Contact Person and Telephone
Cheryl Carl
847-982-2300

Date Completed
4/2/2014

Registered Agent Information
SHELDON WOLFE
7434 SKOKIE BLVD
Skokie, IL 60077

Life Care Facility

Building		Reported Age
Building 1	CAHOKIA NURSING & REHAB	28
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	113
Total Admissions 2013	86
Total Discharges 2013	86
Residents on 12/31/2013	113

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	10
Developmental Disability	0
Circulatory System	20
Respiratory System	21
Digestive System	9
Genitourinary System Disorders	3
Skin Disorders	6
Musculo-skeletal Disorders	1
Injuries and Poisonings	22
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	113

Total Residents Diagnosed as Mentally Ill 30

Total Residents Reported as Identified Offenders 8

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	150	128	150	113	37	30	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	128	150	113	37	30	150

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2166	19.8%	38189	69.8%	2324	0	734	0	43413	79.3%	79.3%
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	2166	19.8%	38189	69.8%	2324	0	734	0	43413	79.3%	79.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	2	0	0	0	0	0	0	4	2	6
45 to 59	20	9	0	0	0	0	0	0	20	9	29
60 to 64	10	3	0	0	0	0	0	0	10	3	13
65 to 74	10	9	0	0	0	0	0	0	10	9	19
75 to 84	16	9	0	0	0	0	0	0	16	9	25
85+	5	16	0	0	0	0	0	0	5	16	21
TOTALS	65	48	0	0	0	0	0	0	65	48	113

CAHOKIA NURSING & REHAB CTR
#2 ANNABLE COURT
CAHOKIA, IL. 62206

Classification Numbers

License Number	6001317	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	97	6	0	1	0	113
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	97	6	0	1	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	78	0	0	0	78
Hawaiian/Pacific Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	112	0	0	0	112
Total	113	0	0	0	113

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	13.00
Certified Aides	50.00
Other Health Staff	7.00
Non-Health Staff	36.00
Totals	111.00

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
15.4%	75.9%	6.5%	0.0%	2.2%	100.0%		
1,042,783	5,121,891	436,637	0	150,511	6,751,822	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CALHOUN NURSING & REHAB CENTER, LLC
1 MYRTLE LANE
HARDIN, IL. 62047

Reference Numbers Facility ID 6014674
Health Service Area 003 Planning Service Area 013

Administrator
Barbara Ledder

Contact Person and Telephone
Gary F. Eye
716-972-2392

Date Completed
3/11/2014

Registered Agent Information
UNITED CORPORATE SERVICES INC
901 S 2ND ST STE 201
Springfield, IL 62704

Building		Reported Age
Building 1	Calhoun Nursing & Rehabilitatio	17
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	70
Total Admissions 2013	86
Total Discharges 2013	80
Residents on 12/31/2013	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	22
Mental Illness	1
Developmental Disability	3
Circulatory System	12
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	7
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	76

Total Residents Diagnosed as Mentally Ill 54

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	80	77	80	76	4	80	80
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	80	77	80	76	4	80	80

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3755	12.9%	12039	41.2%	23	0	8390	0	24207	82.9%	82.9%
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	3755	12.9%	12039	41.2%	23	0	8390	0	24207	82.9%	82.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	2	9	0	0	0	0	0	0	2	9	11
75 to 84	12	14	0	0	0	0	0	0	12	14	26
85+	12	23	0	0	0	0	0	0	12	23	35
TOTALS	29	47	0	0	0	0	0	0	29	47	76

CALHOUN NURSING & REHAB CENTER, LLC
1 MYRTLE LANE
HARDIN, IL. 62047

Classification Numbers

License Number	6014674	
Health Service Area	003	
Planning Service Area	013	Calhoun/Pike

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	38	0	0	25	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	38	0	0	25	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	123
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.13
LPN's	9.07
Certified Aides	26.31
Other Health Staff	8.30
Non-Health Staff	14.31
Totals	67.12

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
43.6%	30.7%	0.1%	0.0%	25.6%	100.0%		
1,791,754	1,264,498	2,290	0	1,054,758	4,113,300	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CALIFORNIA GARDENS NRG & REHAB
2829 SOUTH CALIFORNIA BLVD
CHICAGO, IL. 60608

Reference Numbers Facility ID 6001333
Health Service Area 006 Planning Service Area 602

Administrator
Alison Elsner

Contact Person and Telephone
Alison Elsner
773-847-8061

Date Completed
4/4/2014

Registered Agent Information
Abe Stern
191 N Wacker Dr. #1800
Chicago, IL 60606

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	282
Total Admissions 2013	205
Total Discharges 2013	183
Residents on 12/31/2013	304

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	100
Blood Disorders	15
*Nervous System Non Alzheimer	10
Alzheimer Disease	2
Mental Illness	77
Developmental Disability	7
Circulatory System	26
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	276

Total Residents Diagnosed as Mentally Ill 77

Total Residents Reported as Identified Offenders 46

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	297	276	276	0	276	21	297	297
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	297	276	276	0	276	21	297	297

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	367	0.3%	7574	7.0%	215	217	51	0	8424	7.8%	8.4%
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	367	0.3%	7574	7.0%	215	217	51	0	8424	7.8%	8.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	16	10	0	0	0	0	0	0	16	10	26
45 to 59	73	26	0	0	0	0	0	0	73	26	99
60 to 64	33	5	0	0	0	0	0	0	33	5	38
65 to 74	43	24	0	0	0	0	0	0	43	24	67
75 to 84	20	9	0	0	0	0	0	0	20	9	29
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	190	86	0	0	0	0	0	0	190	86	276

CALIFORNIA GARDENS NRG & REHAB
2829 SOUTH CALIFORNIA BLVD
CHICAGO, IL. 60608

Classification Numbers

License Number	6001333	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	229	19	16	2	0	276
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	229	19	16	2	0	276

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	184	0	0	0	184
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	30	0	0	0	30
Total	276	0	0	0	276

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	27	0	0	0	27
Non-Hispanic	249	0	0	0	249
Ethnicity Unknown	0	0	0	0	0
Total	276	0	0	0	276

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	38.00
Certified Aides	64.00
Other Health Staff	8.00
Non-Health Staff	33.00
Totals	160.00

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
14.4%	77.8%	3.3%	4.0%	0.6%	100.0%		
175,679	951,370	40,835	48,495	6,885	1,223,264	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CALUMET CITY TERRACE
1380 RIVER DRIVE
CALUMET CITY, IL. 60409

Reference Numbers Facility ID 6014005
Health Service Area 007 Planning Service Area 705

Administrator
Annette Whitlock

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building		Reported Age
Building 1	Calumet City Terrace	19
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	6
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	1	0	0	0	1	1
45 to 59	0	0	0	0	4	1	0	0	4	1	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	4	2	0	0	4	2	6

CALUMET CITY TERRACE
1380 RIVER DRIVE
CALUMET CITY, IL. 60409

Classification Numbers

License Number	6014005	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	203
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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	447,311	0	0	0	447,311	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CAMBRIDGE NURSING & REHAB
9615 NORTH KNOX AVENUE
SKOKIE, IL. 60076

Reference Numbers Facility ID 6008635
Health Service Area 007 Planning Service Area 702

Administrator
MARGARET O BRIEN

Contact Person and Telephone
MARK APPEL
847-679-4161

Date Completed
4/2/2014

Registered Agent Information
MARK APPEL
9615 N KNOX AVE
Skokie, IL 60076

Building		Reported Age
Building 1	CAMBRIDGE NURSING	50
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	96
Total Admissions 2013	138
Total Discharges 2013	133
Residents on 12/31/2013	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
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	0

Total Residents Diagnosed as Mentally Ill 28

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	113	107	102	107	101	12	113	113
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	113	107	102	107	101	12	113	113

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3699	9.0%	27934	67.7%	1698	0	2688	0	36019	87.3%	92.2%
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	3699	9.0%	27934	67.7%	1698	0	2688	0	36019	87.3%	92.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	6	3	0	0	0	0	0	0	6	3	9
60 to 64	8	1	0	0	0	0	0	0	8	1	9
65 to 74	12	15	0	0	0	0	0	0	12	15	27
75 to 84	13	14	0	0	0	0	0	0	13	14	27
85+	8	21	0	0	0	0	0	0	8	21	29
TOTALS	47	54	0	0	0	0	0	0	47	54	101

CAMBRIDGE NURSING & REHAB
9615 NORTH KNOX AVENUE
SKOKIE, IL. 60076

Classification Numbers

License Number	6008635	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	71	7	6	7	0	101
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	71	7	6	7	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	168
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	2	0	0	0	2
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	3.00
Certified Aides	46.00
Other Health Staff	0.00
Non-Health Staff	38.00
Totals	105.00

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
25.7%	64.3%	4.0%	0.0%	6.0%	100.0%		
1,944,528	4,869,768	304,753	0	453,253	7,572,302	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CAMPBELL COURT
426 EAST DOUGLAS
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013791
Health Service Area 003 Planning Service Area 137

Administrator
Suzanne McMillan

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Campbell Court	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1460	######	0	0	0	0	1460	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	######	0	0	0	0	1460	100.0%	100.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	2	2	0	0	2	2	4

CAMPBELL COURT
426 EAST DOUGLAS
JACKSONVILLE, IL. 62650

Classification Numbers

License Number	6013791	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	209
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	2	0	2
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	3	0	3
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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	315,370	0	0	0	315,370	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CANTERBURY PLACE
2503 CANTERBURY LANE
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6013866
Health Service Area 001 Planning Service Area 201

Administrator
Steve Bennett

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Canterbury Terrace	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1460	######	0	0	0	0	1460	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	######	0	0	0	0	1460	100.0%	100.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	4	0	0	0	4	0	4

CANTERBURY PLACE
2503 CANTERBURY LANE
ROCKFORD, IL. 61101

Classification Numbers

License Number	6013866	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	219
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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	322,276	0	0	0	322,276	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CAPITOL HEALTHCARE AND REHAB CENTRE
555 WEST CARPENTER
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6002489
Health Service Area 003 Planning Service Area 167

Administrator
SCOTT MOW

Contact Person and Telephone
Scott Mow
217-864-1622

Date Completed
4/2/2014

Registered Agent Information
STAN KLEM
4600 W TOUHY AVE STE 200
Liincolnwood, IL 60712

Building		Reported Age
Building 1	CAPITOL HEALTHCARE CENT	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	155
Total Admissions 2013	371
Total Discharges 2013	369
Residents on 12/31/2013	157

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	69
Respiratory System	54
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	18
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	155

Total Residents Diagnosed as Mentally Ill 97

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	251	251	171	251	155	96	251	251
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	251	251	171	251	155	96	251	251

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10106	11.0%	42075	45.9%	0	4121	1977	0	58279	63.6%	63.6%
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	10106	11.0%	42075	45.9%	0	4121	1977	0	58279	63.6%	63.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	5	15	0	0	0	0	0	0	5	15	20
65 to 74	18	23	0	0	0	0	0	0	18	23	41
75 to 84	30	41	0	0	0	0	0	0	30	41	71
85+	3	11	0	0	0	0	0	0	3	11	14
TOTALS	60	95	0	0	0	0	0	0	60	95	155

CAPITOL HEALTHCARE AND REHAB CENTRE
555 WEST CARPENTER
SPRINGFIELD, IL. 62702

Classification Numbers

License Number	6002489	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	111	0	5	6	0	155
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	111	0	5	6	0	155

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	207	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	34	0	0	0	34
Hawaiian/Pacific Isl.	0	0	0	0	0
White	121	0	0	0	121
Race Unknown	0	0	0	0	0
Total	155	0	0	0	155

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	155	0	0	0	155
Ethnicity Unknown	0	0	0	0	0
Total	155	0	0	0	155

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.20
Director of Nursing	2.00
Registered Nurses	11.00
LPN's	39.00
Certified Aides	72.00
Other Health Staff	7.00
Non-Health Staff	31.00
Totals	164.20

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
41.7%	51.0%	0.0%	2.0%	5.2%	100.0%		
5,085,746	6,216,931	0	248,081	638,619	12,189,377	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CARBONDALE REHAB AND NURSING CTR
120 NORTH TOWER ROAD
CARBONDALE, IL. 62901

Reference Numbers Facility ID 6009203
Health Service Area 005 Planning Service Area 077

Administrator
Eric Clark

Contact Person and Telephone
Eric Clark
618-549-3355

Date Completed
3/29/2014

Registered Agent Information

Life Care Facility

Building		Reported Age
Building 1	Carbondale Rehab	51
Building 2	Willow of Carbondale	51
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	55
Total Admissions 2013	121
Total Discharges 2013	119
Residents on 12/31/2013	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	3
*Nervous System Non Alzheimer	5
Alzheimer Disease	8
Mental Illness	3
Developmental Disability	0
Circulatory System	7
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	6
Other Medical Conditions	6
Non-Medical Conditions	1
TOTALS	57

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	131	82	57	82	57	74	131	131
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	131	82	57	82	57	74	131	131

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2899	6.1%	12952	27.1%	0	0	6103	0	21954	45.9%	73.4%
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	2899	6.1%	12952	27.1%	0	0	6103	0	21954	45.9%	73.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	6	22	0	0	0	0	0	0	6	22	28
TOTALS	20	37	0	0	0	0	0	0	20	37	57

CARBONDALE REHAB AND NURSING CTR
120 NORTH TOWER ROAD
CARBONDALE, IL. 62901

Classification Numbers

License Number	6009203	
Health Service Area	005	
Planning Service Area	077	Jackson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	37	0	0	13	0	57
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	37	0	0	13	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	10.00
Certified Aides	32.00
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	74.00

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
38.1%	41.7%	0.0%	0.0%	20.2%	100.0%		
1,466,861	1,601,619	0	0	776,740	3,845,220	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CARE CENTER OF ABINGDON
801 WEST MARTIN STREET
ABINGDON, IL. 61410

Reference Numbers Facility ID 6001424
Health Service Area 002 Planning Service Area 095

Administrator
Amy Kelso

Contact Person and Telephone
Amy Kelso
309-462-2356

Date Completed
4/3/2014

Registered Agent Information

Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	63
Total Admissions 2013	66
Total Discharges 2013	36
Residents on 12/31/2013	93

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	3
Circulatory System	0
Respiratory System	15
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	6
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	54

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	82	82	72	0	54	28	82	82
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	82	82	72	0	54	28	82	82

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1812	6.1%	12935	43.2%	725	451	5401	0	21324	71.2%	71.2%
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	1812	6.1%	12935	43.2%	725	451	5401	0	21324	71.2%	71.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	3	26	0	0	0	0	0	0	3	26	29
TOTALS	13	41	0	0	0	0	0	0	13	41	54

CARE CENTER OF ABINGDON
801 WEST MARTIN STREET
ABINGDON, IL. 61410

Classification Numbers

License Number	6001424	
Health Service Area	002	
Planning Service Area	095	Knox

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	28	4	2	15	0	54
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	28	4	2	15	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	0	54

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	5.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	50.00

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
19.1%	52.1%	2.9%	3.0%	22.9%	100.0%		
740,342	2,025,160	113,505	117,555	888,027	3,884,589	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CARLINVILLE ESTATES
1221 SOUTH PLUM STREET
CARLINVILLE, IL. 62626

Reference Numbers Facility ID 6012132
Health Service Area 003 Planning Service Area 117

Administrator
Lora Dillman

Contact Person and Telephone
NICKI PALMER
217-854-9443

Date Completed
3/3/2014

Registered Agent Information

Building		Reported Age
Building 1	Carlinville Estates/1221 S. Plum	25
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	3
Total Discharges 2013	3
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	0	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	0	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	2	0	0	3	2	5
45 to 59	0	0	0	0	4	5	0	0	4	5	9
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	8	8	0	0	8	8	16

CARLINVILLE ESTATES
1221 SOUTH PLUM STREET
CARLINVILLE, IL. 62626

Classification Numbers

License Number	6012132	
Health Service Area	003	
Planning Service Area	117	Macoupin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	116
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	0.00
Other Health Staff	14.00
Non-Health Staff	0.00
Totals	15.25

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	663,751	0	0	0	663,751	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CARLINVILLE REHAB & HCC
751 NORTH OAK STREET
CARLINVILLE, IL. 62626

Reference Numbers Facility ID 6009336
Health Service Area 003 Planning Service Area 117

Administrator
shannon moore

Contact Person and Telephone
Shannon Moore, administrator
217-854-2511

Date Completed
4/4/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	68
Total Admissions 2013	125
Total Discharges 2013	124
Residents on 12/31/2013	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	15
Alzheimer Disease	1
Mental Illness	4
Developmental Disability	2
Circulatory System	5
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	5
Non-Medical Conditions	15
TOTALS	67

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	83	74	83	67	31	98	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	83	74	83	67	31	98	98

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1825	5.1%	16670	46.6%	68	261	5110	0	23934	66.9%	79.0%
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	1825	5.1%	16670	46.6%	68	261	5110	0	23934	66.9%	79.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	6	3	0	0	0	0	0	0	6	3	9
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	10	6	0	0	0	0	0	0	10	6	16
85+	3	17	0	0	0	0	0	0	3	17	20
TOTALS	31	36	0	0	0	0	0	0	31	36	67

CARLINVILLE REHAB & HCC
751 NORTH OAK STREET
CARLINVILLE, IL. 62626

Classification Numbers

License Number	6009336	
Health Service Area	003	
Planning Service Area	117	Macoupin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	45	1	2	14	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	45	1	2	14	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	159	129
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	9.00
Certified Aides	26.00
Other Health Staff	2.00
Non-Health Staff	6.00
Totals	52.00

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
29.9%	48.2%	0.0%	2.3%	19.6%	100.0%		
1,243,992	2,004,337	0	96,365	814,770	4,159,464	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CARLTON AT THE LAKE
725 WEST MONTROSE AVENUE
CHICAGO, IL. 60613

Reference Numbers Facility ID 6001465
Health Service Area 006 Planning Service Area 601

Administrator
ROSE MARIE BETZ

Contact Person and Telephone
ROSE MARIE BETZ
773-929-1700

Date Completed
4/1/2014

Registered Agent Information
Susan Lewis
6633 N. Lincoln Ave.
Liincolnwood, IL 60712

Building	Reported Age
Building 1 Carlton at the Lake	55
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	224
Total Admissions 2013	182
Total Discharges 2013	179
Residents on 12/31/2013	227

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	10
*Nervous System Non Alzheimer	23
Alzheimer Disease	0
Mental Illness	15
Developmental Disability	26
Circulatory System	22
Respiratory System	55
Digestive System	25
Genitourinary System Disorders	14
Skin Disorders	12
Musculo-skeletal Disorders	2
Injuries and Poisonings	20
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	227

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	244	244	227	244	227	17	244	244
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	2	0	0	0	0		
TOTAL BEDS	244	246	227	244	227	17	244	244

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9987	11.2%	58463	65.6%	0	629	11011	0	80090	89.9%	89.9%
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	9987	11.2%	58463	65.6%	0	629	11011	0	80090	89.9%	89.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	11	0	0	0	0	0	0	3	11	14
60 to 64	2	15	0	0	0	0	0	0	2	15	17
65 to 74	14	32	0	0	0	0	0	0	14	32	46
75 to 84	27	46	0	0	0	0	0	0	27	46	73
85+	16	60	0	0	0	0	0	0	16	60	76
TOTALS	63	164	0	0	0	0	0	0	63	164	227

CARLTON AT THE LAKE
725 WEST MONTROSE AVENUE
CHICAGO, IL. 60613

Classification Numbers

License Number	6001465	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	158	0	0	44	0	227
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	158	0	0	44	0	227

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	20	0	0	0	20
American Indian	0	0	0	0	0
Black	76	0	0	0	76
Hawaiian/Pacific Isl.	0	0	0	0	0
White	129	0	0	0	129
Race Unknown	2	0	0	0	2
Total	227	0	0	0	227

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	27	0	0	0	27
Non-Hispanic	198	0	0	0	198
Ethnicity Unknown	2	0	0	0	2
Total	227	0	0	0	227

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	70.00
LPN's	10.00
Certified Aides	100.00
Other Health Staff	70.00
Non-Health Staff	60.00
Totals	312.00

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
18.1%	66.3%	0.0%	0.6%	15.0%	100.0%		
2,216,423	8,127,493	0	73,427	1,839,415	12,256,758	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CARLYLE HEALTH CARE
501 CLINTON STREET
CARLYLE, IL. 62231

Reference Numbers Facility ID 6001473
Health Service Area 011 Planning Service Area 027

Administrator
Gina Higgins

Contact Person and Telephone
Christopher A. Reis
217-228-1950 ext 308

Date Completed
3/14/2014

Registered Agent Information
Giffin, Winning, Cohen & Bodewes
1 West Old State Capital Plaza #600
Springfield, IL 62701

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	25
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	10
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	0103 two story with partial base	104
Building 2	0203 two story with full basemen	61
Building 3	0303 two story with partial base	45
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	94
Total Admissions 2013	128
Total Discharges 2013	131
Residents on 12/31/2013	91

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	109	109	101	109	91	18	70	108
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	109	109	101	109	91	18	70	108

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2570	10.1%	16152	41.0%	0	0	14015	0	32737	82.3%	82.3%
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	2570	10.1%	16152	41.0%	0	0	14015	0	32737	82.3%	82.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	6	23	0	0	0	0	0	0	6	23	29
85+	10	42	0	0	0	0	0	0	10	42	52
TOTALS	22	69	0	0	0	0	0	0	22	69	91

CARLYLE HEALTH CARE
501 CLINTON STREET
CARLYLE, IL. 62231

Classification Numbers

License Number	6001473	
Health Service Area	011	
Planning Service Area	027	Clinton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	40	0	0	44	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	40	0	0	44	0	91

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	91	0	0	0	91
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.95
LPN's	17.36
Certified Aides	37.31
Other Health Staff	2.56
Non-Health Staff	37.39
Totals	106.57

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
19.6%	31.4%	10.9%	0.0%	38.1%	100.0%		
1,242,879	1,990,704	689,223	0	2,413,620	6,336,426	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CAROLE LANE TERRACE
1641 CAROLE LANE
SAUK VILLAGE, IL. 60411

Reference Numbers Facility ID 6011969
Health Service Area 007 Planning Service Area 705

Administrator
Roberto Camacho

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Carole Lane Terrace	24
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	11
Total Admissions 2013	0
Total Discharges 2013	2
Residents on 12/31/2013	9

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	9
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	9

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	11	16	9	7		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	11	16	9	7	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			3285	56.3%	0	0	0	0	3285	56.3%	56.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3285	56.3%	0	0	0	0	3285	56.3%	56.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	3	1	0	0	3	1	4
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	5	4	0	0	5	4	9

CAROLE LANE TERRACE
1641 CAROLE LANE
SAUK VILLAGE, IL. 60411

Classification Numbers

License Number	6011969	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		9	0	0	0	0	9
Sheltered Care			0	0	0	0	0
TOTALS	0	9	0	0	0	0	9

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	139
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	9	0	9

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	9	0	9
Ethnicity Unknown	0	0	0	0	0
Total	0	0	9	0	9

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	659,172	0	0	0	659,172	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CAROLYN SMITH HOUSE
910 17TH STREET
CHARLESTON, IL. 61920

Reference Numbers Facility ID 6006928
Health Service Area 004 Planning Service Area 029

Administrator
Sherry newton

Contact Person and Telephone
Sherry Newton
217-398-0754 ext 13

Date Completed
4/1/2014

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

Building		Reported Age
Building 1	910 17th st charleston Illinois	25
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5126	87.8%	0	0	0	0	5126	87.8%	87.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5126	87.8%	0	0	0	0	5126	87.8%	87.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	7	1	0	0	7	1	8
45 to 59	0	0	0	0	0	4	0	0	0	4	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	9	5	0	0	9	5	14

CAROLYN SMITH HOUSE
910 17TH STREET
CHARLESTON, IL. 61920

Classification Numbers

License Number	6006928	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	139	139
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	9.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	628,797	0	0	0	628,797	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CARRIER MILLS NURSING CENTER
US ROUTE 45
CARRIER MILLS, IL. 62917

Reference Numbers Facility ID 6001507
Health Service Area 005 Planning Service Area 059

Administrator
Denise Luckett

Contact Person and Telephone
Denise Luckett
618-994-2323

Date Completed
4/4/2014

Registered Agent Information

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	20
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	1
Circulatory System	36
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Carrier Mills Nursing and Rehabil	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	96
Total Admissions 2013	94
Total Discharges 2013	92
Residents on 12/31/2013	98

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	99	99	98	1	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	98	1	99	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3541	9.8%	20126	55.7%	0	73	10229	0	33969	94.0%	94.0%
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	3541	9.8%	20126	55.7%	0	73	10229	0	33969	94.0%	94.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	15	24	0	0	0	0	0	0	15	24	39
85+	10	37	0	0	0	0	0	0	10	37	47
TOTALS	29	69	0	0	0	0	0	0	29	69	98

CARRIER MILLS NURSING CENTER
US ROUTE 45
CARRIER MILLS, IL. 62917

Classification Numbers

License Number	6001507	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	58	0	0	25	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	58	0	0	25	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	1	0	0	0	1
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	13.00
Certified Aides	31.00
Other Health Staff	0.00
Non-Health Staff	37.00
Totals	89.00

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
17.7%	39.4%	13.2%	4.8%	24.8%	100.0%		
923,206	2,050,347	687,823	249,986	1,291,275	5,202,637	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CARTHAGE TERRACE
1205 CENTER STREET
CARTHAGE, IL. 62321

Reference Numbers Facility ID 6012280
Health Service Area 003 Planning Service Area 067

Administrator
Theresa Schulte

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Carthage	24
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5823	99.7%	0	0	0	0	5823	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5823	99.7%	0	0	0	0	5823	99.7%	99.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	7	4	0	0	7	4	11
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	1	1	0	0	1	1	2
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	8	8	0	0	8	8	16

CARTHAGE TERRACE
1205 CENTER STREET
CARTHAGE, IL. 62321

Classification Numbers

License Number	6012280	
Health Service Area	003	
Planning Service Area	067	Hancock

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	112
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	658,213	0	0	0	658,213	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CASA WILLIS
910 WOODBURN AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID 6011902
Health Service Area 001 Planning Service Area 195

Administrator
Justin Connelly

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Casa Willis	24
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	1
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5526	94.6%	0	0	0	0	5526	94.6%	94.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5526	94.6%	0	0	0	0	5526	94.6%	94.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	2	0	0	5	2	7
45 to 59	0	0	0	0	0	5	0	0	0	5	5
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	6	10	0	0	6	10	16

CASA WILLIS
910 WOODBURN AVENUE
STERLING, IL. 61081

Classification Numbers

License Number	6011902	
Health Service Area	001	
Planning Service Area	195	Whiteside

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	123
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	682,791	0	0	0	682,791	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CASEY HEALTHCARE CENTER
100 NORTH EAST 15TH
CASEY, IL. 62420

Reference Numbers Facility ID 6000970
Health Service Area 004 Planning Service Area 023

Administrator
Kelly Clark

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/26/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building	Reported Age
Building 1 Casey Health Care Center/Nursi	42
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	51
Total Admissions 2013	74
Total Discharges 2013	67
Residents on 12/31/2013	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	16
Mental Illness	17
Developmental Disability	1
Circulatory System	2
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	58

Total Residents Diagnosed as Mentally Ill 17

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	69	69	62	69	58	11	0	69
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	69	69	62	69	58	11	0	69

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1601	0.0%	11869	47.1%	68	399	5903	0	19840	78.8%	78.8%
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	1601	0.0%	11869	47.1%	68	399	5903	0	19840	78.8%	78.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	7	12	0	0	0	0	0	0	7	12	19
85+	6	12	0	0	0	0	0	0	6	12	18
TOTALS	22	36	0	0	0	0	0	0	22	36	58

CASEY HEALTHCARE CENTER
100 NORTH EAST 15TH
CASEY, IL. 62420

Classification Numbers

License Number	6000970	
Health Service Area	004	
Planning Service Area	023	Clark

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	34	0	1	18	0	58
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	34	0	1	18	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	58	0	0	0	58

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	7.00
Certified Aides	32.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	47.00

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
24.6%	48.7%	0.0%	3.2%	23.5%	100.0%		
772,433	1,528,717	0	99,248	738,652	3,139,050	9,406	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CASEYVILLE NURSING & REHAB CTR
601 WEST LINCOLN
CASEYVILLE, IL. 62232

Reference Numbers Facility ID 6010227
Health Service Area 011 Planning Service Area 163

Administrator
GERRI ISENBERG

Contact Person and Telephone
Cheryl Carl
847-982-2300

Date Completed
4/2/2014

Registered Agent Information
SHELDON WOLFE
7434 SKOKIE BLVD
Skokie, IL 60077

Life Care Facility

Building		Reported Age
Building 1	CASEYVILLE NURSING & REH	28
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	112
Total Admissions 2013	103
Total Discharges 2013	98
Residents on 12/31/2013	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	12
Developmental Disability	0
Circulatory System	16
Respiratory System	13
Digestive System	9
Genitourinary System Disorders	10
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	26
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	117

Total Residents Diagnosed as Mentally Ill 31

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	150	131	150	117	33	30	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	131	150	117	33	30	150

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3655	33.4%	32695	59.7%	0	0	6884	0	43234	79.0%	79.0%
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	3655	33.4%	32695	59.7%	0	0	6884	0	43234	79.0%	79.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	5	0	0	0	0	0	0	1	5	6
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	14	5	0	0	0	0	0	0	14	5	19
75 to 84	16	19	0	0	0	0	0	0	16	19	35
85+	10	45	0	0	0	0	0	0	10	45	55
TOTALS	41	76	0	0	0	0	0	0	41	76	117

CASEYVILLE NURSING & REHAB CTR
601 WEST LINCOLN
CASEYVILLE, IL. 62232

Classification Numbers

License Number	6010227	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	96	0	0	15	0	117
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	96	0	0	15	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	141	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	36	0	0	0	36
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	13.00
Certified Aides	44.00
Other Health Staff	9.00
Non-Health Staff	35.00
Totals	105.00

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
26.8%	58.2%	0.0%	0.0%	15.0%	100.0%		
1,871,451	4,067,397	0	0	1,043,932	6,982,780	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CEDAR POINTE REHAB & NURSING
5825 WEST CERMAK ROAD
CICERO, IL. 60804

Reference Numbers Facility ID 6009948
Health Service Area 007 Planning Service Area 704

Administrator
Moshe Levovitz

Contact Person and Telephone
MOSHE LEVOVITZ
708-656-9120

Date Completed
3/20/2014

Registered Agent Information
Much Shelist c/o Abraham Stern
191 N Wacker Dr Suite 1800
Chicago, IL 60606

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	35
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	46
Mental Illness	95
Developmental Disability	0
Circulatory System	23
Respiratory System	29
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	272

Total Residents Diagnosed as Mentally Ill 110

Total Residents Reported as Identified Offenders 21

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	282
Total Admissions 2013	117
Total Discharges 2013	127
Residents on 12/31/2013	272

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	485	413	295	413	272	213	74	485
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	485	413	295	413	272	213	74	485

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4015	14.9%	98519	55.7%	194	21	11	0	102760	58.0%	68.2%
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	4015	14.9%	98519	55.7%	194	21	11	0	102760	58.0%	68.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	20	8	0	0	0	0	0	0	20	8	28
45 to 59	85	32	0	0	0	0	0	0	85	32	117
60 to 64	34	12	0	0	0	0	0	0	34	12	46
65 to 74	34	20	0	0	0	0	0	0	34	20	54
75 to 84	10	10	0	0	0	0	0	0	10	10	20
85+	1	6	0	0	0	0	0	0	1	6	7
TOTALS	184	88	0	0	0	0	0	0	184	88	272

CEDAR POINTE REHAB & NURSING
5825 WEST CERMAK ROAD
CICERO, IL. 60804

Classification Numbers

License Number	6009948	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	262	0	0	0	0	272
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	262	0	0	0	0	272

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	155	0	0	0	155
Hawaiian/Pacific Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	6	0	0	0	6
Total	272	0	0	0	272

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	29	0	0	0	29
Non-Hispanic	237	0	0	0	237
Ethnicity Unknown	6	0	0	0	6
Total	272	0	0	0	272

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	26.00
LPN's	35.00
Certified Aides	58.00
Other Health Staff	25.00
Non-Health Staff	75.00
Totals	225.00

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
12.2%	87.0%	0.0%	0.8%	0.0%	100.0%		
1,655,578	11,821,946	0	112,518	4,348	13,594,390	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CEDAR RIDGE HEALTH & REHAB CENTER
ONE PERRYMAN STREET
LEBANON, IL. 62254

Reference Numbers Facility ID 6002869
Health Service Area 011 Planning Service Area 163

Administrator
Ashley Huels

Contact Person and Telephone
ASHLEY Huels
618-537-6165

Date Completed
4/4/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	103
Total Admissions 2013	201
Total Discharges 2013	206
Residents on 12/31/2013	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	8
Mental Illness	16
Developmental Disability	0
Circulatory System	13
Respiratory System	2
Digestive System	22
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	116	110	108	110	98	18	116	116
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	116	110	108	110	98	18	116	116

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5425	12.8%	18982	44.8%	0	724	11483	0	36614	86.5%	91.2%
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	5425	12.8%	18982	44.8%	0	724	11483	0	36614	86.5%	91.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	4	0	0	0	0	0	0	0	4	0	4
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	11	21	0	0	0	0	0	0	11	21	32
85+	9	34	0	0	0	0	0	0	9	34	43
TOTALS	31	67	0	0	0	0	0	0	31	67	98

CEDAR RIDGE HEALTH & REHAB CENTER
ONE PERRYMAN STREET
LEBANON, IL. 62254

Classification Numbers

License Number	6002869	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	52	2	3	30	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	52	2	3	30	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	167	226
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	16.00
Certified Aides	41.00
Other Health Staff	1.00
Non-Health Staff	29.00
Totals	94.00

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
48.3%	22.9%	0.0%	3.0%	25.8%	100.0%		
3,550,721	1,685,005	0	218,161	1,896,728	7,350,615	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CENTER HOME HISPANIC ELDERLY
1401 NORTH CALIFORNIA
CHICAGO, IL. 60622

Reference Numbers Facility ID 6001523
Health Service Area 006 Planning Service Area 602

Administrator
Patricia Correa

Contact Person and Telephone
PATRICIA CORREA
773-782-8700

Date Completed
4/1/2014

Registered Agent Information
Abraham Stern
191 N. Wacker Drive Suite 1800
Chicago, IL 60606

Building	Reported Age
Building 1 Brick building	89
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	143
Total Admissions 2013	107
Total Discharges 2013	102
Residents on 12/31/2013	148

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	58
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	49
Respiratory System	22
Digestive System	0
Genitourinary System Disorders	11
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	148

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	156	156	151	156	148	8	98	156
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	156	156	151	156	148	8	98	156

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4442	12.4%	44137	77.5%	3205	0	229	0	52013	91.3%	91.3%
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	4442	12.4%	44137	77.5%	3205	0	229	0	52013	91.3%	91.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	18	14	0	0	0	0	0	0	18	14	32
75 to 84	24	35	0	0	0	0	0	0	24	35	59
85+	20	27	0	0	0	0	0	0	20	27	47
TOTALS	68	80	0	0	0	0	0	0	68	80	148

CENTER HOME HISPANIC ELDERLY
1401 NORTH CALIFORNIA
CHICAGO, IL. 60622

Classification Numbers

License Number	6001523	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	126	5	0	3	0	148
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	126	5	0	3	0	148

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	145	0	0	0	145
Race Unknown	0	0	0	0	0
Total	148	0	0	0	148

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	147	0	0	0	147
Non-Hispanic	1	0	0	0	1
Ethnicity Unknown	0	0	0	0	0
Total	148	0	0	0	148

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	18.00
Certified Aides	43.00
Other Health Staff	0.00
Non-Health Staff	39.00
Totals	110.00

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
20.4%	78.9%	0.0%	0.2%	0.5%	100.0%		
1,984,665	7,678,383	0	22,496	48,246	9,733,790	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CENTRAL BAPTIST VILLAGE
4747 NORTH CANFIELD AVENUE
NORRIDGE, IL. 60706

Reference Numbers Facility ID 6001564
Health Service Area 007 Planning Service Area 704

Administrator
CHARLES G. NEWTON

Contact Person and Telephone
PAMELA YOELIN
708-583-8539

Date Completed
4/2/2014

Registered Agent Information
Charles G. Newton
4747 N. Canfield Ave.
Norridge, IL 60706

Continuing Care Retirement Community

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	116
Total Admissions 2013	108
Total Discharges 2013	99
Residents on 12/31/2013	125

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	68
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	125

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	101	120	100	20	68	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	30	30	30	30	25	5		
TOTAL BEDS	150	150	131	150	125	25	68	120

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4557	18.4%	10866	24.8%	0	0	19070	0	34493	78.8%	78.8%
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	9788	0	9788	89.4%	89.4%
TOTALS	4557	18.4%	10866	24.8%	0	0	28858	0	44281	80.9%	80.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	6	12	0	0	0	0	4	3	10	15	25
85+	12	65	0	0	0	0	2	16	14	81	95
TOTALS	19	81	0	0	0	0	6	19	25	100	125

CENTRAL BAPTIST VILLAGE
4747 NORTH CANFIELD AVENUE
NORRIDGE, IL. 60706

Classification Numbers

License Number	6001564	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	26	0	0	61	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	25	0	25
TOTALS	13	26	0	0	86	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	308	278
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	176	176

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	25	119
Race Unknown	4	0	0	0	4
Total	100	0	0	25	125

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	94	0	0	25	119
Ethnicity Unknown	4	0	0	0	4
Total	100	0	0	25	125

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	8.00
Certified Aides	53.00
Other Health Staff	2.00
Non-Health Staff	93.00
Totals	176.00

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
21.5%	17.1%	0.0%	0.0%	61.4%	100.0%		
2,270,732	1,805,070	0	0	6,496,863	10,572,665	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CENTRAL NURSING & REHAB CENTER
2450 NORTH CENTRAL AVENUE
CHICAGO, IL. 60639

Reference Numbers Facility ID 6001580
Health Service Area 006 Planning Service Area 602

Administrator
Philip Morgenstein

Contact Person and Telephone
PHILIP MORGENSTEIN
773-889-1333

Date Completed
4/2/2014

Registered Agent Information
David Gross
240 Fencl Ln
Chicago, IL 60639

Building	Reported Age
Building 1 Central Nursing and Rehabilitati	41
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	212
Total Admissions 2013	181
Total Discharges 2013	168
Residents on 12/31/2013	225

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	13
Blood Disorders	4
*Nervous System Non Alzheimer	21
Alzheimer Disease	0
Mental Illness	73
Developmental Disability	0
Circulatory System	32
Respiratory System	23
Digestive System	10
Genitourinary System Disorders	4
Skin Disorders	5
Musculo-skeletal Disorders	21
Injuries and Poisonings	3
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	225

Total Residents Diagnosed as Mentally Ill 88

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	245	245	225	245	225	20	11	124
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	245	245	225	245	225	20	11	124

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4522	112.6%	74565	######	0	95	937	0	80119	89.6%	89.6%
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	4522	112.6%	74565	######	0	95	937	0	80119	89.6%	89.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	9	0	0	0	0	0	0	12	9	21
45 to 59	60	21	0	0	0	0	0	0	60	21	81
60 to 64	25	8	0	0	0	0	0	0	25	8	33
65 to 74	47	14	0	0	0	0	0	0	47	14	61
75 to 84	19	3	0	0	0	0	0	0	19	3	22
85+	1	6	0	0	0	0	0	0	1	6	7
TOTALS	164	61	0	0	0	0	0	0	164	61	225

CENTRAL NURSING & REHAB CENTER
2450 NORTH CENTRAL AVENUE
CHICAGO, IL. 60639

Classification Numbers

License Number	6001580	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	210	0	0	1	0	225
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	210	0	0	1	0	225

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	71	0	0	0	71
Hawaiian/Pacific Isl.	0	0	0	0	0
White	153	0	0	0	153
Race Unknown	0	0	0	0	0
Total	225	0	0	0	225

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	23	0	0	0	23
Non-Hispanic	202	0	0	0	202
Ethnicity Unknown	0	0	0	0	0
Total	225	0	0	0	225

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	12.00
Certified Aides	34.00
Other Health Staff	0.00
Non-Health Staff	54.00
Totals	121.00

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
20.8%	77.8%	0.0%	0.1%	1.3%	100.0%		
2,283,810	8,544,213	0	13,649	146,496	10,988,168	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CENTRAL PLAZA RESIDENTIAL HOME
321-27 NORTH CENTRAL
CHICAGO, IL. 60644

Reference Numbers Facility ID 6001598
Health Service Area 006 Planning Service Area 602

Administrator
Cristina Kozak

Contact Person and Telephone
Richard Duros
847-441-8200

Date Completed
3/21/2014

Registered Agent Information
Gary Weintraub
465 Central Avenue
Northfield, IL 60093

Building	Reported Age
Building 1	84
Building 2	58
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	208
Total Admissions 2013	113
Total Discharges 2013	128
Residents on 12/31/2013	193

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	193
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	193

Total Residents Diagnosed as Mentally Ill 193

Total Residents Reported as Identified Offenders 57

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	240	240	220	240	193	47	0	260
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	240	240	220	240	193	47	0	260

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	73599	77.6%	0	0	268	0	73867	84.3%	84.3%
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	0	0.0%	73599	77.6%	0	0	268	0	73867	84.3%	84.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	48	9	0	0	0	0	0	0	48	9	57
45 to 59	80	28	0	0	0	0	0	0	80	28	108
60 to 64	24	3	0	0	0	0	0	0	24	3	27
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	153	40	0	0	0	0	0	0	153	40	193

CENTRAL PLAZA RESIDENTIAL HOME
321-27 NORTH CENTRAL
CHICAGO, IL. 60644

Classification Numbers

License Number	6001598	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	192	0	0	1	0	193
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	192	0	0	1	0	193

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	260	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	157	0	0	0	157
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	193	0	0	0	193

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	182	0	0	0	182
Ethnicity Unknown	0	0	0	0	0
Total	193	0	0	0	193

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	42.00
Other Health Staff	25.00
Non-Health Staff	44.00
Totals	125.00

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
0.0%	99.6%	0.0%	0.0%	0.4%	100.0%		
0	8,875,629	0	0	39,650	8,915,279	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CENTRALIA MANOR
1910 EAST MCCORD RTE 161 EAST
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6012355
Health Service Area 005 Planning Service Area 121

Administrator
Jennifer Winka-Sursa

Contact Person and Telephone
Jennifer Winka-Sursa
618-533-1200

Date Completed
4/4/2014

Registered Agent Information

Continuing Care Retirement Community

Building	Reported Age
Building 1 Centralia Manor	24
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	96
Total Admissions 2013	232
Total Discharges 2013	235
Residents on 12/31/2013	93

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	16
Digestive System	5
Genitourinary System Disorders	7
Skin Disorders	4
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	93

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	104	120	93	27	120	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	104	120	93	27	120	98

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11243	25.7%	13577	38.0%	248	57	8728	0	33853	77.3%	77.3%
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	11243	25.7%	13577	38.0%	248	57	8728	0	33853	77.3%	77.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	9	19	0	0	0	0	0	0	9	19	28
85+	7	48	0	0	0	0	0	0	7	48	55
TOTALS	23	70	0	0	0	0	0	0	23	70	93

CENTRALIA MANOR
1910 EAST MCCORD RTE 161 EAST
CENTRALIA, IL. 62801

Classification Numbers

License Number	6012355	
Health Service Area	005	
Planning Service Area	121	Marion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	43	0	0	21	0	93
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	43	0	0	21	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	93	0	0	0	93
Ethnicity Unknown	0	0	0	0	0
Total	93	0	0	0	93

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	13.00
Certified Aides	78.00
Other Health Staff	0.00
Non-Health Staff	45.00
Totals	147.00

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
57.9%	20.4%	0.7%	0.5%	20.6%	100.0%		
4,796,111	1,689,264	54,027	42,327	1,705,074	8,286,803	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHALET LIVING & REHAB CENTER
7350 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6008601
Health Service Area 006 Planning Service Area 601

Administrator
Scott Sklar

Contact Person and Telephone
Scott Sklar
773-274-1000

Date Completed
4/1/2014

Registered Agent Information
Abraham Stern
191 North Wacker Drive
Chicago, IL 60606

Building		Reported Age
Building 1	Chalet Living and Rehab Center	36
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	175
Total Admissions 2013	243
Total Discharges 2013	248
Residents on 12/31/2013	170

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	20
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	55
Respiratory System	21
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	4
Other Medical Conditions	20
Non-Medical Conditions	30
TOTALS	189

Total Residents Diagnosed as Mentally Ill 151

Total Residents Reported as Identified Offenders 11

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	219	219	219	219	189	30	219	219
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	219	219	219	219	189	30	219	219

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6233	7.8%	55271	69.1%	0	156	3522	0	65182	81.5%	81.5%
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	6233	7.8%	55271	69.1%	0	156	3522	0	65182	81.5%	81.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	0	0	0	0	1	2	3
45 to 59	26	25	0	0	0	0	0	0	26	25	51
60 to 64	19	6	0	0	0	0	0	0	19	6	25
65 to 74	34	25	0	0	0	0	0	0	34	25	59
75 to 84	16	15	0	0	0	0	0	0	16	15	31
85+	6	14	0	0	0	0	0	0	6	14	20
TOTALS	102	87	0	0	0	0	0	0	102	87	189

CHALET LIVING & REHAB CENTER
7350 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Classification Numbers

License Number	6008601	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	159	0	0	11	0	189
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	159	0	0	11	0	189

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	69	0	0	0	69
Hawaiian/Pacific Isl.	0	0	0	0	0
White	117	0	0	0	117
Race Unknown	0	0	0	0	0
Total	189	0	0	0	189

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	68	0	0	0	68
Total	189	0	0	0	189

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	17.00
Certified Aides	60.00
Other Health Staff	16.00
Non-Health Staff	84.00
Totals	206.00

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
28.1%	66.5%	0.0%	0.6%	4.8%	100.0%		
3,942,431	9,325,264	0	87,505	672,498	14,027,698	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHAMNESS SQUARE
340 HERITAGE DRIVE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6010243
Health Service Area 009 Planning Service Area 091

Administrator
Jennifer Allsopp

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building		Reported Age
Building 1	Chamness Square	26
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	1	0	0	1	1	2
45 to 59	0	0	0	0	5	2	0	0	5	2	7
60 to 64	0	0	0	0	0	5	0	0	0	5	5
65 to 74	0	0	0	0	2	0	0	0	2	0	2
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	8	8	0	0	8	8	16

CHAMNESS SQUARE
340 HERITAGE DRIVE
BOURBONNAIS, IL. 60914

Classification Numbers

License Number	6010243	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	129
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	1	0	1
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	731,749	0	0	0	731,749	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHAMPAIGN COUNTY NURSING HOME
500 S. ART BARTELL ROAD
URBANA, IL. 61802

Reference Numbers Facility ID 6001630
Health Service Area 004 Planning Service Area 019

Administrator
Karen Noffke

Contact Person and Telephone
Karen Noffke
217-693-5015

Date Completed
4/8/2014

Registered Agent Information

Building	Reported Age
Building 1 CCNH	7
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	2,063
Total Admissions 2013	320
Total Discharges 2013	338
Residents on 12/31/2013	2,045

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System Non Alzheimer	21
Alzheimer Disease	55
Mental Illness	0
Developmental Disability	1
Circulatory System	29
Respiratory System	20
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	45
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	203

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	243	243	209	243	203	40	243	243
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	243	243	209	243	203	40	243	243

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5058	5.7%	39243	44.2%	974	1009	23047	0	69331	78.2%	78.2%
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	5058	5.7%	39243	44.2%	974	1009	23047	0	69331	78.2%	78.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	20	21	0	0	0	0	0	0	20	21	41
65 to 74	23	30	0	0	0	0	0	0	23	30	53
75 to 84	15	39	0	0	0	0	0	0	15	39	54
85+	10	43	0	0	0	0	0	0	10	43	53
TOTALS	70	133	0	0	0	0	0	0	70	133	203

CHAMPAIGN COUNTY NURSING HOME
500 S. ART BARTELL ROAD
URBANA, IL. 61802

Classification Numbers

License Number	6001630	
Health Service Area	004	
Planning Service Area	019	Champaign

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	92	10	15	71	0	203
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	92	10	15	71	0	203

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	1	0	0	0	1
Black	86	0	0	0	86
Hawaiian/Pacific Isl.	2	0	0	0	2
White	102	0	0	0	102
Race Unknown	10	0	0	0	10
Total	203	0	0	0	203

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	202	0	0	0	202
Ethnicity Unknown	0	0	0	0	0
Total	203	0	0	0	203

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	20.00
Certified Aides	90.00
Other Health Staff	0.00
Non-Health Staff	80.00
Totals	208.00

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
17.2%	43.9%	1.7%	3.3%	33.9%	100.0%		
2,192,615	5,594,697	212,958	418,747	4,312,191	12,731,208	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHAMPAIGN TERRACE
808 NORTH 3RD
ST. JOSEPH, IL. 61873

Reference Numbers Facility ID 6011845
Health Service Area 004 Planning Service Area 019

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217-398-0754 ext 13

Date Completed
4/1/2014

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

Building		Reported Age
Building 1	808 North 3rd St Joseph Illinois	25
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
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	11

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	12	16	11	5		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	12	16	11	5	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4242	72.6%	0	0	0	0	4242	72.6%	72.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4242	72.6%	0	0	0	0	4242	72.6%	72.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	2	0	0	4	2	6
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	6	5	0	0	6	5	11

CHAMPAIGN TERRACE
808 NORTH 3RD
ST. JOSEPH, IL. 61873

Classification Numbers

License Number	6011845	
Health Service Area	004	
Planning Service Area	019	Champaign

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	152	152
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	12.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	534,925	0	0	0	534,925	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHAMPAIGN URBANA NURSING & REHAB
302 BURWASH AVE
SAVOY, IL. 61874

Reference Numbers Facility ID 6001457
Health Service Area 004 Planning Service Area 019

Administrator
Lonnie Nichols

Contact Person and Telephone
Lonnie Nichols
217-402-9664

Date Completed
3/24/2014

Registered Agent Information
Stephen N. Sher
5750 Old Orchard Road, Suite 420
Skokie, IL 60077

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	146
Total Admissions 2013	363
Total Discharges 2013	422
Residents on 12/31/2013	87

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	17
Alzheimer Disease	25
Mental Illness	32
Developmental Disability	0
Circulatory System	19
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	6
Injuries and Poisonings	15
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	130

Total Residents Diagnosed as Mentally Ill 32

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	213	213	191	213	130	83	213	118
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	213	213	191	213	130	83	213	118

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9678	12.4%	24681	57.3%	1954	2523	13533	0	52369	67.4%	67.4%
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	9678	12.4%	24681	57.3%	1954	2523	13533	0	52369	67.4%	67.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	1	0	0	0	0	0	0	1	1	2
45 to 59	5	4	0	0	0	0	0	0	5	4	9
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	6	11	0	0	0	0	0	0	6	11	17
75 to 84	12	23	0	0	0	0	0	0	12	23	35
85+	10	46	0	0	0	0	0	0	10	46	56
TOTALS	39	91	0	0	0	0	0	0	39	91	130

CHAMPAIGN URBANA NURSING & REHAB
302 BURWASH AVE
SAVOY, IL. 61874

Classification Numbers

License Number	6001457	
Health Service Area	004	
Planning Service Area	019	Champaign

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	50	25	2	32	0	130
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	50	25	2	32	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	381	201
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pacific Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	130	0	0	0	130

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	130	0	0	0	130
Ethnicity Unknown	0	0	0	0	0
Total	130	0	0	0	130

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	17.00
Certified Aides	42.00
Other Health Staff	5.00
Non-Health Staff	27.00
Totals	105.00

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
45.4%	25.8%	0.0%	7.8%	21.0%	100.0%		
5,578,463	3,168,995	0	960,601	2,584,109	12,292,168	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHANNAHON
22744 S PARK PLACE DRIVE
CHANNAHON, IL. 60410

Reference Numbers Facility ID 6013551
Health Service Area 009 Planning Service Area 197

Administrator
Peggy Peterson

Contact Person and Telephone
Peggy Peterson
815-741-7038

Date Completed
3/20/2014

Registered Agent Information
Cornerstone Services, Inc.
777 Joyce Road
Joliet, IL 60436

Building		Reported Age
Building 1	22744 S. Park Place Drive,	20
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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	4

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1460	######	0	0	0	0	1460	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	######	0	0	0	0	1460	100.0%	100.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	4	0	0	0	4	0	4

CHANNAHON
22744 S PARK PLACE DRIVE
CHANNAHON, IL. 60410

Classification Numbers

License Number	6013551	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	210	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	0.00
Other Health Staff	5.00
Non-Health Staff	4.75
Totals	10.25

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%	86.5%	0.0%	0.0%	13.5%	100.0%		
0	222,228	0	0	34,548	256,776	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHARLESTON REHAB & HEALTH CARE CENTER
716 18TH STREET
CHARLESTON, IL. 61920

Reference Numbers Facility ID 6001358
Health Service Area 004 Planning Service Area 029

Administrator
Brenda Reed

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/1/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Charleston RHCC/Nursing Home	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	61
Total Admissions 2013	73
Total Discharges 2013	80
Residents on 12/31/2013	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	9
Mental Illness	1
Developmental Disability	2
Circulatory System	10
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	54

Total Residents Diagnosed as Mentally Ill 28

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	139	100	65	100	54	85	93	139
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	139	100	65	100	54	85	93	139

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2426	7.1%	12664	25.0%	829	378	4299	0	20596	40.6%	56.4%
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	2426	7.1%	12664	25.0%	829	378	4299	0	20596	40.6%	56.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	0	0	0	0	2	2
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	8	9	0	0	0	0	0	0	8	9	17
85+	5	15	0	0	0	0	0	0	5	15	20
TOTALS	21	33	0	0	0	0	0	0	21	33	54

CHARLESTON REHAB & HEALTH CARE CENTER
716 18TH STREET
CHARLESTON, IL. 61920

Classification Numbers

License Number	6001358	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	33	2	0	13	0	54
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	33	2	0	13	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	158	128
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	0	54

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	22.00
Other Health Staff	1.00
Non-Health Staff	23.00
Totals	59.00

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
37.7%	41.5%	2.5%	3.1%	15.2%	100.0%		
1,379,453	1,519,526	91,255	114,905	554,959	3,660,098	2,401	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHATEAU NURSING & REHABILITATION CENTER
7050 MADISON STREET
WILLOWBROOK, IL. 60527

Reference Numbers Facility ID 6010367
Health Service Area 007 Planning Service Area 703

Administrator
Stephanie Mohr

Contact Person and Telephone
Ron Cournaya
847-905-3000

Date Completed
3/31/2014

Registered Agent Information
DAVID ARONIN
2201 MAIN STREET
Evanston, IL 60202

Building		Reported Age
Building 1	Chateau Nursing and Rehabilitat	27
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	140
Total Admissions 2013	160
Total Discharges 2013	163
Residents on 12/31/2013	137

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	12
Injuries and Poisonings	2
Other Medical Conditions	78
Non-Medical Conditions	0
TOTALS	137

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	150	150	150	137	13	150	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	150	150	137	13	150	150

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8918	16.3%	36029	65.8%	0	223	6508	0	51678	94.4%	94.4%
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	8918	16.3%	36029	65.8%	0	223	6508	0	51678	94.4%	94.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	8	6	0	0	0	0	0	0	8	6	14
75 to 84	8	25	0	0	0	0	0	0	8	25	33
85+	16	70	0	0	0	0	0	0	16	70	86
TOTALS	35	102	0	0	0	0	0	0	35	102	137

CHATEAU NURSING & REHABILITATION CENTER
7050 MADISON STREET
WILLOWBROOK, IL. 60527

Classification Numbers

License Number	6010367	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	100	0	0	23	0	137
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	100	0	0	23	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	1	0	0	0	1
White	120	0	0	0	120
Race Unknown	4	0	0	0	4
Total	137	0	0	0	137

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	133	0	0	0	133
Ethnicity Unknown	0	0	0	0	0
Total	137	0	0	0	137

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	11.00
Certified Aides	45.00
Other Health Staff	5.00
Non-Health Staff	40.00
Totals	123.00

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
33.1%	52.2%	0.0%	0.7%	14.0%	100.0%		
3,444,079	5,430,744	0	68,311	1,456,969	10,400,103	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHEROKEE RIDGE
25058 W LIBERTY DRIVE
CHANNAHON, IL. 60410

Reference Numbers Facility ID 6013593
Health Service Area 009 Planning Service Area 197

Administrator
Peggy Peterson

Contact Person and Telephone
Peggy Peterson
815-741-7038

Date Completed
3/20/2014

Registered Agent Information
Cornerstone Services, Inc.
777 Joyce Road
Joliet, IL 60436

Building		Reported Age
Building 1	25850 West Liberty	20
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1460	######	0	0	0	0	1460	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	######	0	0	0	0	1460	100.0%	100.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	2	0	0	0	2	0	2
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	4	0	0	0	4	0	4

CHEROKEE RIDGE
25058 W LIBERTY DRIVE
CHANNAHON, IL. 60410

Classification Numbers

License Number	6013593	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	187	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	2	0	2
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	0.00
Other Health Staff	4.25
Non-Health Staff	5.00
Totals	9.75

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%	84.1%	0.0%	0.0%	15.9%	100.0%		
0	216,401	0	0	40,971	257,372	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHESTER REHAB & NURSING CENTER
770 STATE STREET
CHESTER, IL. 62233

Reference Numbers Facility ID 6008841
Health Service Area 005 Planning Service Area 157

Administrator
Mary D. Garcia

Contact Person and Telephone
Mary D. Garcia
618-826-2314

Date Completed
4/4/2014

Registered Agent Information
Lawrence Y. Schwartz
8170 N. McCormick, Suite 219
Skokie, IL 60076

Building	Reported Age
Building 1 Chester Rehab and Nursing	82
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	29
Total Admissions 2013	19
Total Discharges 2013	15
Residents on 12/31/2013	33

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	1
Mental Illness	8
Developmental Disability	0
Circulatory System	2
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	33

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	117	73	47	73	33	84	80	111
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	117	73	47	73	33	84	80	111

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1027	3.5%	7495	18.5%	0	0	4331	0	12853	30.1%	48.2%
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	1027	3.5%	7495	18.5%	0	0	4331	0	12853	30.1%	48.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	1	4	0	0	0	0	0	0	1	4	5
85+	3	15	0	0	0	0	0	0	3	15	18
TOTALS	9	24	0	0	0	0	0	0	9	24	33

CHESTER REHAB & NURSING CENTER
770 STATE STREET
CHESTER, IL. 62233

Classification Numbers

License Number	6008841	
Health Service Area	005	
Planning Service Area	157	Randolph

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	21	0	0	11	0	33
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	21	0	0	11	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	33	0	0	0	33

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	33	0	0	0	33
Ethnicity Unknown	0	0	0	0	0
Total	33	0	0	0	33

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	8.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	42.00

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
26.3%	44.5%	0.0%	0.0%	29.2%	100.0%		
451,621	764,038	0	0	502,234	1,717,893	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	11/28/2012	Reduced Nursing Care beds from 119 to 117.

CHICAGO RIDGE NURSING CENTER
10602 SOUTHWEST HIGHWAY
CHICAGO RIDGE, IL. 60415

Reference Numbers Facility ID 6001697
Health Service Area 007 Planning Service Area 705

Administrator
DOREEN A. HICKMAN

Contact Person and Telephone
DOREEN A. HICKMAN
708-448-1540

Date Completed
4/4/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	67
Blood Disorders	4
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	115
Developmental Disability	0
Circulatory System	5
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	218

Total Residents Diagnosed as Mentally Ill 115

Total Residents Reported as Identified Offenders 14

Building	Reported Age
Building 1 main campus	38
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	221
Total Admissions 2013	134
Total Discharges 2013	137
Residents on 12/31/2013	218

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	231	231	227	231	218	13	38	231
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	231	231	227	231	218	13	38	231

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4878	35.2%	67680	80.3%	2027	1372	3765	0	79722	94.6%	94.6%
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	4878	35.2%	67680	80.3%	2027	1372	3765	0	79722	94.6%	94.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	7	0	0	0	0	0	0	9	7	16
45 to 59	59	30	0	0	0	0	0	0	59	30	89
60 to 64	28	14	0	0	0	0	0	0	28	14	42
65 to 74	25	16	0	0	0	0	0	0	25	16	41
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	4	5	0	0	0	0	0	0	4	5	9
TOTALS	134	84	0	0	0	0	0	0	134	84	218

CHICAGO RIDGE NURSING CENTER
10602 SOUTHWEST HIGHWAY
CHICAGO RIDGE, IL. 60415

Classification Numbers

License Number	6001697	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	185	5	2	7	0	218
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	185	5	2	7	0	218

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	140	0	0	0	140
Race Unknown	75	0	0	0	75
Total	218	0	0	0	218

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	214	0	0	0	214
Ethnicity Unknown	0	0	0	0	0
Total	218	0	0	0	218

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	14.00
Certified Aides	44.00
Other Health Staff	5.00
Non-Health Staff	49.00
Totals	141.00

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
20.9%	70.5%	2.8%	1.5%	4.4%	100.0%		
2,428,649	8,189,068	322,389	173,075	505,543	11,618,724	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHILDREN'S HABILITATION CENTER
121 WEST 154TH STREET
HARVEY, IL. 60426

Reference Numbers Facility ID 6001705
Health Service Area 007 Planning Service Area 705

Administrator
Prentice Dixon

Contact Person and Telephone
PAMELA M. SCHAETZLE
708-596-2220

Date Completed
4/3/2014

Registered Agent Information
Pamela Markle Schaetzle
121 W. 154th Street
Harvey, IL 60462

Building		Reported Age
Building 1	Children's Habilitation Center	43
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	57
Total Admissions 2013	9
Total Discharges 2013	5
Residents on 12/31/2013	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	61
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	61

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	67	65	65	65	61	6		67
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	67	65	65	65	61	6	0	67

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			20922	85.6%	0	0	305	0	21227	86.8%	89.5%
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	0	0.0%	20922	85.6%	0	0	305	0	21227	86.8%	89.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	24	15	0	0	0	0	24	15	39
18 to 44	0	0	14	8	0	0	0	0	14	8	22
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	38	23	0	0	0	0	38	23	61

CHILDREN'S HABILITATION CENTER
121 WEST 154TH STREET
HARVEY, IL. 60426

Classification Numbers

License Number	6001705	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	60	0	0	1	0	61
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	60	0	0	1	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	582	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	44	0	0	44
Hawaiian/Pacific Isl.	0	1	0	0	1
White	0	16	0	0	16
Race Unknown	0	0	0	0	0
Total	0	61	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	7	0	0	7
Non-Hispanic	0	54	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	0	61	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	18.00
Certified Aides	66.00
Other Health Staff	20.00
Non-Health Staff	29.00
Totals	143.00

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
0.0%	81.5%	15.8%	0.0%	2.7%	100.0%		
0	6,380,303	1,239,077	0	212,489	7,831,869	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHRISTIAN BUEHLER MEM HOME
3415 NORTH SHERIDAN ROAD
PEORIA, IL. 61604

Reference Numbers Facility ID 6001721
Health Service Area 002 Planning Service Area 143

Administrator
Rich Amberg

Contact Person and Telephone
RICH AMBERG
309-685-6236

Date Completed
3/28/2014

Registered Agent Information
Rich Amberg
7111 Blair Ct.

Continuing Care Retirement Community
Life Care Facility

Building		Reported Age
Building 1	Main Building	82
Building 2	Nursing Center	4
Building 3	Townhouses	38
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	62
Total Admissions 2013	115
Total Discharges 2013	117
Residents on 12/31/2013	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	78	71	66	61	60	18	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	78	71	66	61	60	18	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	22582	0	22582	79.3%	87.1%
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	0	0.0%	0	0.0%	0	0	22582	0	22582	79.3%	87.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	4	2	0	0	0	0	0	0	4	2	6
85+	3	51	0	0	0	0	0	0	3	51	54
TOTALS	7	53	0	0	0	0	0	0	7	53	60

CHRISTIAN BUEHLER MEM HOME
3415 NORTH SHERIDAN ROAD
PEORIA, IL. 61604

Classification Numbers

License Number	6001721	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	60	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	60	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	246	213
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	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

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	3.00
Certified Aides	27.00
Other Health Staff	6.00
Non-Health Staff	47.00
Totals	94.00

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	1,185,013	1,185,013	403,001	34.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHRISTIAN NURSING HOME
1507 7TH STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6001739
Health Service Area 003 Planning Service Area 107

Administrator
Jo Hilliard

Contact Person and Telephone
Susan McGhee
314-587-7900

Date Completed
3/20/2014

Registered Agent Information

Continuing Care Retirement Community

Building		Reported Age
Building 1	SNF	49
Building 2	Alzheimer's Unit	15
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	105
Total Admissions 2013	120
Total Discharges 2013	125
Residents on 12/31/2013	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	16
Mental Illness	10
Developmental Disability	0
Circulatory System	11
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 41

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	112	112	108	112	100	12	110	105
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	112	112	108	112	100	12	110	105

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1597	4.0%	8988	23.5%	0	145	7719	0	18449	45.1%	45.1%
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	1597	4.0%	8988	23.5%	0	145	7719	0	18449	45.1%	45.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	9	0	0	0	0	0	0	0	9	9
75 to 84	22	4	0	0	0	0	0	0	22	4	26
85+	9	54	0	0	0	0	0	0	9	54	63
TOTALS	31	69	0	0	0	0	0	0	31	69	100

CHRISTIAN NURSING HOME
1507 7TH STREET
LINCOLN, IL. 62656

Classification Numbers

License Number	6001739	
Health Service Area	003	
Planning Service Area	107	Logan

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	44	0	1	39	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	44	0	1	39	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	192	176
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	100	0	0	0	100
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	15.00
Certified Aides	44.00
Other Health Staff	2.00
Non-Health Staff	32.00
Totals	100.00

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
29.0%	29.3%	0.0%	0.4%	41.3%	100.0%		
2,044,652	2,068,571	0	26,191	2,910,526	7,049,940	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHURCH CREEK
1200 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL. 60005

Reference Numbers Facility ID 6001754
Health Service Area 007 Planning Service Area 701

Administrator
Angel Aguilar

Contact Person and Telephone
ANGEL AGUILAR
847-506-3224

Date Completed
4/4/2014

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Continuing Care Retirement Community

Building		Reported Age
Building 1	Independent Living	29
Building 2	Assisted Living	29
Building 3	Memory Care	29
Building 4	Skilled Nursing	29
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	42
Total Admissions 2013	308
Total Discharges 2013	312
Residents on 12/31/2013	38

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	38

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	56	56	42	56	38	18	56	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	56	56	42	56	38	18	56	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8633	42.2%	0	0.0%	0	128	5110	0	13871	67.9%	67.9%
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	8633	42.2%	0	0.0%	0	128	5110	0	13871	67.9%	67.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	10	0	0	0	0	0	0	2	10	12
75 to 84	2	12	0	0	0	0	0	0	2	12	14
85+	1	11	0	0	0	0	0	0	1	11	12
TOTALS	5	33	0	0	0	0	0	0	5	33	38

CHURCH CREEK
1200 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL. 60005

Classification Numbers

License Number	6001754	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	0	0	1	13	0	38
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	0	0	1	13	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	288	235
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	38	0	0	0	38

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	38	0	0	0	38
Ethnicity Unknown	0	0	0	0	0
Total	38	0	0	0	38

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	9.00
Certified Aides	26.00
Other Health Staff	3.00
Non-Health Staff	23.00
Totals	74.00

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
78.3%	0.0%	0.0%	1.2%	20.5%	100.0%		
4,692,228	0	0	72,846	1,227,733	5,992,807	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	11/1/2012	Change of Ownership occurred.

CISNE REHAB & HLTHCARE CTR
P.O. BOX 370 WATKINS STREET
CISNE, IL. 62823

Reference Numbers Facility ID 6001770
Health Service Area 005 Planning Service Area 191

Administrator
Jennifer Wood

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/4/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building	Reported Age
Building 1 Cisne RHCC/Nursing Home	45
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	27
Total Admissions 2013	37
Total Discharges 2013	34
Residents on 12/31/2013	30

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	6
Developmental Disability	0
Circulatory System	6
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	30

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	35	33	33	30	30	5	0	35
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	35	33	33	30	30	5	0	35

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1640	0.0%	6864	53.7%	249	1	1943	0	10697	83.7%	88.8%
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	1640	0.0%	6864	53.7%	249	1	1943	0	10697	83.7%	88.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	2	11	0	0	0	0	0	0	2	11	13
85+	1	9	0	0	0	0	0	0	1	9	10
TOTALS	7	23	0	0	0	0	0	0	7	23	30

CISNE REHAB & HLTHCARE CTR
P.O. BOX 370 WATKINS STREET
CISNE, IL. 62823

Classification Numbers

License Number	6001770	
Health Service Area	005	
Planning Service Area	191	Wayne

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	20	1	0	7	0	30
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	20	1	0	7	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	30	0	0	0	30
Race Unknown	0	0	0	0	0
Total	30	0	0	0	30

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	30	0	0	0	30
Ethnicity Unknown	0	0	0	0	0
Total	30	0	0	0	30

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	20.00
Other Health Staff	1.00
Non-Health Staff	9.00
Totals	42.00

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
45.1%	44.5%	0.0%	0.0%	10.4%	100.0%		
842,597	832,345	0	0	194,671	1,869,613	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLAREMONT REHAB & LIVING CTR.
150 NORTH WEILAND ROAD
BUFFALO GROVE, IL. 60089

Reference Numbers Facility ID 6014195
Health Service Area 008 Planning Service Area 097

Administrator
Jennifer Bebinger

Contact Person and Telephone
Lesa Jagusch

Date Completed
3/31/2014

Registered Agent Information
David Hartman
150 N. Weiland Road
Buffalo Grove, IL 60089

Building		Reported Age
Building 1	The Claremont Rehab and Livin	20
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	159
Total Admissions 2013	519
Total Discharges 2013	511
Residents on 12/31/2013	167

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	73
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	47
Non-Medical Conditions	0
TOTALS	167

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	200	177	168	177	167	33	200	200
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	200	177	168	177	167	33	200	200

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15368	21.1%	31923	43.7%	0	2624	9459	0	59374	81.3%	91.9%
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	15368	21.1%	31923	43.7%	0	2624	9459	0	59374	81.3%	91.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	5	19	0	0	0	0	0	0	5	19	24
75 to 84	14	27	0	0	0	0	0	0	14	27	41
85+	17	68	0	0	0	0	0	0	17	68	85
TOTALS	43	124	0	0	0	0	0	0	43	124	167

CLAREMONT REHAB & LIVING CTR.
150 NORTH WEILAND ROAD
BUFFALO GROVE, IL. 60089

Classification Numbers

License Number	6014195	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	50	88	0	8	21	0	167
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	50	88	0	8	21	0	167

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	295	253
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	159	0	0	0	159
Race Unknown	0	0	0	0	0
Total	167	0	0	0	167

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	163	0	0	0	163
Ethnicity Unknown	0	0	0	0	0
Total	167	0	0	0	167

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	39.00
Certified Aides	66.00
Other Health Staff	13.00
Non-Health Staff	42.00
Totals	193.00

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
53.1%	24.1%	0.0%	6.0%	16.8%	100.0%		
9,094,195	4,125,967	0	1,024,660	2,885,322	17,130,144	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLAREMONT-HANOVER PARK
2000 WEST LAKE STREET
HANOVER PARK, IL. 60133

Reference Numbers Facility ID 6016554
Health Service Area 007 Planning Service Area 701

Administrator
Lisa Ulm

Contact Person and Telephone
Lesa Jagusch

Date Completed
4/1/2014

Registered Agent Information
Abe Stern - Mulch and Shelist
191 N Wacker Drive Suite 1800
Chicago, IL 60606

Building	Reported Age
Building 1 main facility	
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	79
Total Admissions 2013	907
Total Discharges 2013	899
Residents on 12/31/2013	87

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	6
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	28
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	87

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	103	103	103	87	63	150	14
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	103	103	103	87	63	150	14

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	23696	43.3%	1152	22.5%	561	3953	3214	0	32576	59.5%	86.6%
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	23696	43.3%	1152	22.5%	561	3953	3214	0	32576	59.5%	86.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	1	0	0	0	0	0	0	2	1	3
45 to 59	8	6	0	0	0	0	0	0	8	6	14
60 to 64	7	11	0	0	0	0	0	0	7	11	18
65 to 74	6	13	0	0	0	0	0	0	6	13	19
75 to 84	2	16	0	0	0	0	0	0	2	16	18
85+	6	9	0	0	0	0	0	0	6	9	15
TOTALS	31	56	0	0	0	0	0	0	31	56	87

CLAREMONT-HANOVER PARK
2000 WEST LAKE STREET
HANOVER PARK, IL. 60133

Classification Numbers

License Number	6016554	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	65	3	0	10	9	0	87
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	65	3	0	10	9	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	6	0	0	0	6
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	87	0	0	0	87

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	11.00
Certified Aides	32.00
Other Health Staff	5.00
Non-Health Staff	32.00
Totals	103.00

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
82.4%	1.0%	0.0%	10.9%	5.7%	100.0%		
13,652,080	162,848	0	1,805,486	943,011	16,563,425	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLARIDGE HEALTHCARE CENTER
700 JENKISSON AVENUE
LAKE BLUFF, IL. 60044

Reference Numbers Facility ID 6005144
Health Service Area 008 Planning Service Area 097

Administrator
Nyamsuren Onchig

Contact Person and Telephone
Scott O'Brien
847-295-3900

Date Completed
3/21/2014

Registered Agent Information
Choon Chi
325 N. Wells St. 9th Floor
Chicago, IL 60654

Building		Reported Age
Building 1	700 Jenkisson	38
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	92
Total Admissions 2013	56
Total Discharges 2013	59
Residents on 12/31/2013	89

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	231	223	96	223	89	142	160	231
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	231	223	96	223	89	142	160	231

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2582	4.4%	20545	24.4%	7335	0	1570	0	32032	38.0%	39.4%
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	2582	4.4%	20545	24.4%	7335	0	1570	0	32032	38.0%	39.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	9	14	0	0	0	0	0	0	9	14	23
85+	17	33	0	0	0	0	0	0	17	33	50
TOTALS	34	55	0	0	0	0	0	0	34	55	89

CLARIDGE HEALTHCARE CENTER
700 JENKISSON AVENUE
LAKE BLUFF, IL. 60044

Classification Numbers

License Number	6005144	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	73	0	0	9	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	73	0	0	9	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	43	0	0	0	43
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	3.00
Certified Aides	24.00
Other Health Staff	3.00
Non-Health Staff	19.00
Totals	61.00

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
21.8%	73.7%	0.0%	0.0%	4.5%	100.0%		
1,177,419	3,981,298	0	0	242,200	5,400,917	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLARK MANOR CONVALESCENT CTR
7433 NORTH CLARK STREET
CHICAGO, IL. 60626

Reference Numbers Facility ID 6001796
Health Service Area 006 Planning Service Area 601

Administrator
Mark Schlicting

Contact Person and Telephone
Leah Paster
773-338-8778 Ext 1015

Date Completed
4/2/2014

Registered Agent Information
DAVID SCHNELL
7433 N CLARK ST
Chicago, IL 60626

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	9
Blood Disorders	12
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	29
Developmental Disability	8
Circulatory System	37
Respiratory System	39
Digestive System	18
Genitourinary System Disorders	19
Skin Disorders	22
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	215

Total Residents Diagnosed as Mentally Ill 118

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	223
Total Admissions 2013	423
Total Discharges 2013	77
Residents on 12/31/2013	569

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	267	267	227	267	215	52	61	267
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	267	267	227	267	215	52	61	267

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5519	24.8%	71067	72.9%	2441	0	483	0	79510	81.6%	81.6%
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	5519	24.8%	71067	72.9%	2441	0	483	0	79510	81.6%	81.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	2	0	0	0	0	0	0	5	2	7
45 to 59	30	21	0	0	0	0	0	0	30	21	51
60 to 64	39	14	0	0	0	0	0	0	39	14	53
65 to 74	31	25	0	0	0	0	0	0	31	25	56
75 to 84	13	18	0	0	0	0	0	0	13	18	31
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	123	92	0	0	0	0	0	0	123	92	215

CLARK MANOR CONVALESCENT CTR
7433 NORTH CLARK STREET
CHICAGO, IL. 60626

Classification Numbers

License Number	6001796	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	193	7	0	2	0	215
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	193	7	0	2	0	215

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	85	0	0	0	85
Hawaiian/Pacific Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	18	0	0	0	18
Total	215	0	0	0	215

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	16	0	0	0	16
Non-Hispanic	197	0	0	0	197
Ethnicity Unknown	2	0	0	0	2
Total	215	0	0	0	215

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	13.00
Certified Aides	66.00
Other Health Staff	6.00
Non-Health Staff	89.00
Totals	193.00

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
21.4%	75.0%	2.9%	0.0%	0.6%	100.0%		
2,598,605	9,094,672	357,320	0	75,450	12,126,047	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLARK-LINDSEY VILLAGE
101 WEST WINDSOR ROAD
URBANA, IL. 61802

Reference Numbers Facility ID 6001804
Health Service Area 004 Planning Service Area 019

Administrator
DEB REARDANZ

Contact Person and Telephone
TIMOTHY P. MAST
217-344-2144

Date Completed
4/1/2014

Registered Agent Information
GLEN PAINE
1729 GEORGETOWN DR
Champaign, IL 61821

Continuing Care Retirement Community
Life Care Facility

Building		Reported Age
Building 1	SOCIAL CENTER	35
Building 2	APARTMENT WINGS	35
Building 3	HEALTH CENTER WINGS	35
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	80
Total Admissions 2013	180
Total Discharges 2013	186
Residents on 12/31/2013	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	83	83	68	83	59	24	25	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	19	19	17	19	15	4		
TOTAL BEDS	102	102	85	102	74	28	25	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4935	54.1%	0	0.0%	0	1111	17572	0	23618	78.0%	78.0%
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	5776	0	5776	83.3%	83.3%
TOTALS	4935	54.1%	0	0.0%	0	1111	23348	0	29394	79.0%	79.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	2	7	0	0	0	0	1	1	3	8	11
85+	12	36	0	0	0	0	2	11	14	47	61
TOTALS	14	45	0	0	0	0	3	12	17	57	74

CLARK-LINDSEY VILLAGE
101 WEST WINDSOR ROAD
URBANA, IL. 61802

Classification Numbers

License Number	6001804	
Health Service Area	004	
Planning Service Area	019	Champaign

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	0	0	2	46	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	15	0	15
TOTALS	11	0	0	2	61	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	374	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	194	158

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	15	70
Race Unknown	1	0	0	0	1
Total	59	0	0	15	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	58	0	0	15	73
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	15	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	3.80
Certified Aides	36.40
Other Health Staff	11.60
Non-Health Staff	68.90
Totals	136.70

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
24.1%	0.0%	0.0%	11.4%	64.4%	100.0%		
2,297,369	0	0	1,089,534	6,140,085	9,526,988	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLAYBERG-FULTON CO NURSING
625 EAST MONROE STREET
CUBA, IL. 61427

Reference Numbers Facility ID 6001838
Health Service Area 002 Planning Service Area 057

Administrator
MARTHA DANIELSON

Contact Person and Telephone
KEVIN STONEKING
309-785-5012

Date Completed
3/27/2014

Registered Agent Information
Robert Bucher, Chairman of the Fulton C
Fulton County Courthouse 100 North Main Street
Lewistown, IL 61542

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	5
Mental Illness	4
Developmental Disability	0
Circulatory System	7
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	44

Total Residents Diagnosed as Mentally Ill 25

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 The Clayberg	44
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	47
Total Admissions 2013	18
Total Discharges 2013	21
Residents on 12/31/2013	44

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	49	49	49	44	5	0	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	49	49	49	49	44	5	0	49

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1587	0.0%	10227	57.2%	0	104	5426	0	17344	97.0%	97.0%
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	1587	0.0%	10227	57.2%	0	104	5426	0	17344	97.0%	97.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	1	6	0	0	0	0	0	0	1	6	7
85+	4	25	0	0	0	0	0	0	4	25	29
TOTALS	10	34	0	0	0	0	0	0	10	34	44

CLAYBERG-FULTON CO NURSING
625 EAST MONROE STREET
CUBA, IL. 61427

Classification Numbers

License Number	6001838	
Health Service Area	002	
Planning Service Area	057	Fulton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	25	0	0	15	0	44
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	25	0	0	15	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	44	0	0	0	44

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	44	0	0	0	44
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	0	44

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	24.00
Totals	61.00

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
22.1%	51.7%	0.0%	0.0%	26.2%	100.0%		
571,145	1,334,641	0	0	676,281	2,582,067	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLAYTON RESIDENTIAL HOME
2026 NORTH CLARK STREET
CHICAGO, IL. 60614

Reference Numbers Facility ID 6001846
Health Service Area 006 Planning Service Area 602

Administrator
Jessica Lyke

Contact Person and Telephone
Richard Duros
847-441-8200

Date Completed
3/25/2014

Registered Agent Information
Gary Weintraub
465 Central Avenue Suite 100
Northfield, IL 60093

Building		Reported Age
Building 1	Clayton Residential Home	87
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	195
Total Admissions 2013	127
Total Discharges 2013	109
Residents on 12/31/2013	213

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	213
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	213

Total Residents Diagnosed as Mentally Ill 213

Total Residents Reported as Identified Offenders 23

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	235	235	213	235	213	22	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	235	235	213	235	213	22	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	72888	0.0%	0	0	945	0	73833	86.1%	86.1%
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	0	0.0%	72888	0.0%	0	0	945	0	73833	86.1%	86.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	64	31	0	0	0	0	0	0	64	31	95
45 to 59	61	37	0	0	0	0	0	0	61	37	98
60 to 64	11	5	0	0	0	0	0	0	11	5	16
65 to 74	3	1	0	0	0	0	0	0	3	1	4
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	139	74	0	0	0	0	0	0	139	74	213

CLAYTON RESIDENTIAL HOME
2026 NORTH CLARK STREET
CHICAGO, IL. 60614

Classification Numbers

License Number	6001846	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	211	0	0	2	0	213
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	211	0	0	2	0	213

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	66	0	0	0	66
Hawaiian/Pacific Isl.	0	0	0	0	0
White	128	0	0	0	128
Race Unknown	17	0	0	0	17
Total	213	0	0	0	213

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	196	0	0	0	196
Ethnicity Unknown	0	0	0	0	0
Total	213	0	0	0	213

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	11.70
Certified Aides	34.60
Other Health Staff	42.50
Non-Health Staff	32.20
Totals	125.00

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
0.0%	98.4%	0.0%	0.0%	1.6%	100.0%		
0	8,681,548	0	0	142,108	8,823,656	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLEARBROOK CENTER
3201 CAMPBELL STREET
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6001853
Health Service Area 007 Planning Service Area 701

Administrator
Jessica Smart

Contact Person and Telephone
Jessica Smart
847-255-0120 x 120

Date Completed
4/4/2014

Registered Agent Information
Carl M. La Mell
1835 West Central Road
Arlington Heights, IL 60005

Building	Reported Age
Building 1 Commons 92 Bed ICF	30
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	88
Total Admissions 2013	8
Total Discharges 2013	6
Residents on 12/31/2013	90

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	90
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	90

Total Residents Diagnosed as Mentally Ill 32

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	92	92	91	92	90	2		92
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	92	92	91	92	90	2	0	92

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			31704	94.4%	0	0	0	0	31704	94.4%	94.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	31704	94.4%	0	0	0	0	31704	94.4%	94.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	17	16	0	0	17	16	33
45 to 59	0	0	0	0	22	16	0	0	22	16	38
60 to 64	0	0	0	0	5	4	0	0	5	4	9
65 to 74	0	0	0	0	3	5	0	0	3	5	8
75 to 84	0	0	0	0	0	2	0	0	0	2	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	47	43	0	0	47	43	90

CLEARBROOK CENTER
3201 CAMPBELL STREET
ROLLING MEADOWS, IL. 60008

Classification Numbers

License Number	6001853	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		90	0	0	0	0	90
Sheltered Care			0	0	0	0	0
TOTALS	0	90	0	0	0	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	154	154
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	10	0	10
Hawaiian/Pacific Isl.	0	0	2	0	2
White	0	0	77	0	77
Race Unknown	0	0	0	0	0
Total	0	0	90	0	90

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	5	0	5
Non-Hispanic	0	0	81	0	81
Ethnicity Unknown	0	0	4	0	4
Total	0	0	90	0	90

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.25
Director of Nursing	1.00
Registered Nurses	7.40
LPN's	1.00
Certified Aides	55.40
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	82.05

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%	97.0%	0.5%	0.0%	2.5%	100.0%		
0	4,927,580	26,071	0	126,073	5,079,724	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLEARBROOK EAST
3802 SOUTH OLD WILKE ROAD
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6010508
Health Service Area 007 Planning Service Area 701

Administrator
Karen Jones

Contact Person and Telephone
Karen Jones
847-870-0745

Date Completed
3/17/2014

Registered Agent Information
Carl LaMell
1835 W. Central
Arlington Heights, IL 60005

Building		Reported Age
Building 1	Clearbrook East	25
Building 2	Clearbrook West	25
Building 3	Lattof Commons	29
Building 4	Clearbrook - Wright Home	21
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5752	98.5%	0	0	0	0	5752	98.5%	98.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5752	98.5%	0	0	0	0	5752	98.5%	98.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	3	0	0	0	3	3
45 to 59	0	0	0	0	0	7	0	0	0	7	7
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	3	0	0	0	3	3
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	0	16	0	0	0	16	16

CLEARBROOK EAST
3802 SOUTH OLD WILKE ROAD
ROLLING MEADOWS, IL. 60008

Classification Numbers

License Number	6010508	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	123	123
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	8.50
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.00

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
0.0%	89.4%	7.5%	0.0%	3.1%	100.0%		
0	728,256	61,495	0	25,001	814,752	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLEARBROOK WEST
3980 FAIRFAX
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6010516
Health Service Area 007 Planning Service Area 701

Administrator
Karen Jones

Contact Person and Telephone
Karen Jones
847-253-5155

Date Completed
3/17/2001

Registered Agent Information
Carl LaMell
1835 W. Central
Arlington Heights, IL 60004

Building		Reported Age
Building 1	Clearbrook West	25
Building 2	Clearbrook East	25
Building 3	Lattof Commons	29
Building 4	Clearbrook - Wright Home	21
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5762	98.7%	0	0	0	0	5762	98.7%	98.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5762	98.7%	0	0	0	0	5762	98.7%	98.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	6	0	0	0	6	0	6
45 to 59	0	0	0	0	6	0	0	0	6	0	6
60 to 64	0	0	0	0	3	0	0	0	3	0	3
65 to 74	0	0	0	0	1	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	0	0	0	0	16	0	0	0	16	0	16

CLEARBROOK WEST
3980 FAIRFAX
ROLLING MEADOWS, IL. 60008

Classification Numbers

License Number	6010516	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	133	133
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	8.50
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.00

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
0.0%	91.0%	8.4%	0.0%	0.7%	100.0%		
0	788,288	72,372	0	5,759	866,419	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLEARBROOK-WRIGHT HOME
34377 NORTH ALMOND ROAD
GURNEE, IL. 60031

Reference Numbers Facility ID 6013296
Health Service Area 008 Planning Service Area 097

Administrator
Amanda Kolakowski

Contact Person and Telephone
Amanda Kolakowski
847-855-9450

Date Completed
3/20/2014

Registered Agent Information
Carl LaMell
1835 W. Central Road
Arlington Heights, IL 60005

Building		Reported Age
Building 1	Clearbrook - Wright Home	21
Building 2	Clearbrook - Wilke	25
Building 3	Clearbrook - Fairfax	25
Building 4	Clearbrook - Commons	29
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5624	96.3%	0	0	0	0	5624	96.3%	96.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5624	96.3%	0	0	0	0	5624	96.3%	96.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	2	0	0	0	2	2
45 to 59	0	0	0	0	7	4	0	0	7	4	11
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	7	0	0	8	7	15

CLEARBROOK-WRIGHT HOME
34377 NORTH ALMOND ROAD
GURNEE, IL. 60031

Classification Numbers

License Number	6013296	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	173	173
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	13.00

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
0.0%	96.9%	2.6%	0.0%	0.5%	100.0%		
0	985,995	26,295	0	4,991	1,017,281	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLINTON MANOR
111 EAST ILLINOIS STREET
NEW BADEN, IL. 62265

Reference Numbers Facility ID 6001887
Health Service Area 011 Planning Service Area 027

Administrator
Cheryl Smith

Contact Person and Telephone
Cheryl Smith
618-588-4924 ext 100

Date Completed
3/20/2014

Registered Agent Information
Herman Bodewes
1 West Old State Capital Plaza, Suite 600 Meyer bulding
Springfield, IL 62705

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	17
Mental Illness	4
Developmental Disability	1
Circulatory System	2
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	37

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 1

Building		Reported Age
Building 1	original ICF/DD 1969	44
Building 2	SNF addition 1973	40
Building 3	DD and SNF addition 1993	20
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	36
Total Admissions 2013	16
Total Discharges 2013	15
Residents on 12/31/2013	37

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	39	39	39	39	37	2	35	35
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	39	39	39	39	37	2	35	35

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	897	7.0%	9365	73.3%	0	0	3382	0	13644	95.8%	95.8%
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	897	7.0%	9365	73.3%	0	0	3382	0	13644	95.8%	95.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	2	18	0	0	0	0	0	0	2	18	20
TOTALS	8	29	0	0	0	0	0	0	8	29	37

CLINTON MANOR
111 EAST ILLINOIS STREET
NEW BADEN, IL. 62265

Classification Numbers

License Number	6001887	
Health Service Area	011	
Planning Service Area	027	Clinton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	25	0	0	10	0	37
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	25	0	0	10	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	305	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	37	0	0	0	37

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	37	0	0	0	37
Ethnicity Unknown	0	0	0	0	0
Total	37	0	0	0	37

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.70
LPN's	10.20
Certified Aides	13.70
Other Health Staff	27.00
Non-Health Staff	0.00
Totals	54.60

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
9.6%	76.1%	0.0%	0.0%	14.3%	100.0%		
509,050	4,049,653	0	0	762,012	5,320,715	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLINTON MANOR LIVING CENTER - DD
111 EAST ILLINOIS STREET
NEW BADEN, IL. 62265

Reference Numbers Facility ID 6016075
Health Service Area 011 Planning Service Area 027

Administrator
Cheryl Smith

Contact Person and Telephone
Cheryl Smith
618-588-4924 ext. 100

Date Completed
3/20/2014

Registered Agent Information
Herman Bodewes
1 West Capital Plaza, Suite 600 Meyer Building
Springfield, IL 62705

Building		Reported Age
Building 1	Original ICF/DD 1969	44
Building 2	SNF addition 1973	40
Building 3	DD and SNF South addition 199	20
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	50
Total Admissions 2013	4
Total Discharges 2013	5
Residents on 12/31/2013	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	49
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	49

Total Residents Diagnosed as Mentally Ill 26

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	51	51	51	51	49	2		51
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	51	51	51	51	49	2	0	51

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			17925	96.3%	0	0	0	0	17925	96.3%	96.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	17925	96.3%	0	0	0	0	17925	96.3%	96.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	7	14	0	0	7	14	21
45 to 59	0	0	0	0	5	9	0	0	5	9	14
60 to 64	0	0	0	0	2	4	0	0	2	4	6
65 to 74	0	0	0	0	4	2	0	0	4	2	6
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	19	30	0	0	19	30	49

CLINTON MANOR LIVING CENTER - DD
111 EAST ILLINOIS STREET
NEW BADEN, IL. 62265

Classification Numbers

License Number	6016075	
Health Service Area	011	
Planning Service Area	027	Clinton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		49	0	0	0	0	49
Sheltered Care			0	0	0	0	0
TOTALS	0	49	0	0	0	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	350	350
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	1	0	1
Black	0	0	7	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	41	0	41
Race Unknown	0	0	0	0	0
Total	0	0	49	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	49	0	49
Ethnicity Unknown	0	0	0	0	0
Total	0	0	49	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.70
LPN's	10.20
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	31.00
Totals	71.90

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
9.6%	76.1%	0.0%	0.0%	14.3%	100.0%		
509,050	4,049,653	0	0	762,012	5,320,715	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COBDEN REHAB AND NURSING CENTER
430 SOUTH FRONT STREET
COBDEN, IL. 62920

Reference Numbers Facility ID 6004469
Health Service Area 005 Planning Service Area 181

Administrator
Gayle Yates

Contact Person and Telephone
GAYLE L YATES
618-893-4214

Date Completed
3/28/2014

Registered Agent Information
Lawrence Swartz
8170 N McCormick Blvd. Suite 219
Skokie, IL 60076

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	5
Mental Illness	30
Developmental Disability	0
Circulatory System	2
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 38

Total Residents Reported as Identified Offenders 5

Building		Reported Age
Building 1	Main Building	41
Building 2	Addition BLD 2	14
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	56
Total Admissions 2013	30
Total Discharges 2013	34
Residents on 12/31/2013	52

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	74	57	74	52	22	10	74
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	57	74	52	22	10	74

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	605	16.6%	14719	54.5%	0	0	3756	0	19080	70.6%	70.6%
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	605	16.6%	14719	54.5%	0	0	3756	0	19080	70.6%	70.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	6	5	0	0	0	0	0	0	6	5	11
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	12	8	0	0	0	0	0	0	12	8	20
75 to 84	6	4	0	0	0	0	0	0	6	4	10
85+	3	4	0	0	0	0	0	0	3	4	7
TOTALS	30	22	0	0	0	0	0	0	30	22	52

COBDEN REHAB AND NURSING CENTER
430 SOUTH FRONT STREET
COBDEN, IL. 62920

Classification Numbers

License Number	6004469	
Health Service Area	005	
Planning Service Area	181	Union

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	40	0	0	11	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	40	0	0	11	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	5.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	24.00
Totals	54.00

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
11.0%	64.2%	0.0%	0.0%	24.8%	100.0%		
305,275	1,780,582	0	0	688,740	2,774,597	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COLEMAN HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6016612
Health Service Area 006 Planning Service Area 601

Administrator
Emily Tazic

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Date Completed
3/22/2014

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Coleman House	3
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	2
Total Discharges 2013	2
Residents on 12/31/2013	12

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	12
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4329	#Div/0!	0	0	0	0	4329	98.8%	98.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4329	98.8%	0	0	0	0	4329	98.8%	98.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	0	10	0	0	0	10	10
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	0	12	0	0	0	12	12

COLEMAN HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Classification Numbers

License Number	6016612	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.42
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	10.26
Other Health Staff	3.22
Non-Health Staff	0.15
Totals	14.59

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%	84.4%	0.0%	0.0%	15.6%	100.0%		
0	602,240	0	0	111,557	713,797	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COLLINS SQUARE
145 SOUTH CROSSWELL AVENUE
BRADLEY, IL. 60915

Reference Numbers Facility ID 6001911
Health Service Area 009 Planning Service Area 091

Administrator
Jennifer Allsopp

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Collins Square	26
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	10
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	10

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	10
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	10

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	10	16	10	6		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	10	16	10	6	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4663	79.8%	0	0	0	0	4663	79.8%	79.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4663	79.8%	0	0	0	0	4663	79.8%	79.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	2	0	0	1	2	3
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	5	5	0	0	5	5	10

COLLINS SQUARE
145 SOUTH CROSSWELL AVENUE
BRADLEY, IL. 60915

Classification Numbers

License Number	6001911	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		10	0	0	0	0	10
Sheltered Care			0	0	0	0	0
TOTALS	0	10	0	0	0	0	10

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	128
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	10	0	10

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	10	0	10
Ethnicity Unknown	0	0	0	0	0
Total	0	0	10	0	10

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	82.5%	1.4%	0.0%	16.0%	100.0%		
0	610,226	10,622	0	118,627	739,475	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COLLINSVILLE REHAB & HEALTH CARE CTR.
614 NORTH SUMMIT
COLLINSVILLE, IL. 62234

Reference Numbers Facility ID 6007496
Health Service Area 011 Planning Service Area 119

Administrator
Tara Holmes

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/4/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Collinsville RHCC/Nursing Home	52
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	53
Total Admissions 2013	56
Total Discharges 2013	50
Residents on 12/31/2013	59

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	11
Developmental Disability	2
Circulatory System	0
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	96	60	96	59	39	94	94
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	96	60	96	59	39	94	94

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1321	3.9%	16002	46.6%	1136	84	1927	0	20470	57.2%	58.4%
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	1321	3.9%	16002	46.6%	1136	84	1927	0	20470	57.2%	58.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	11	5	0	0	0	0	0	0	11	5	16
60 to 64	3	12	0	0	0	0	0	0	3	12	15
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	23	36	0	0	0	0	0	0	23	36	59

COLLINSVILLE REHAB & HEALTH CARE CTR.
614 NORTH SUMMIT
COLLINSVILLE, IL. 62234

Classification Numbers

License Number	6007496	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	44	3	0	4	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	44	3	0	4	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	59.00

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
22.4%	65.9%	0.0%	0.7%	11.0%	100.0%		
675,236	1,987,722	0	21,953	332,687	3,017,598	7,113	0.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	1/17/2012	Facility discontinued 2 Nursing Care beds; facility now has 98 Nursing Care beds.

COLONIAL APARTMENTS
920 WEST FOURTH
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6001937
Health Service Area 011 Planning Service Area 027

Administrator
Cara Stallard

Contact Person and Telephone
CRISTY BIXLER
618-533-1199

Date Completed
3/27/2014

Registered Agent Information
Bill Crain
623 E. Broadway
Centralia, IL 62801

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	2
Total Discharges 2013	3
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5615	96.1%	0	0	0	0	5615	96.1%	96.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5615	96.1%	0	0	0	0	5615	96.1%	96.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	3	0	0	2	3	5
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	8	0	0	6	8	14

COLONIAL APARTMENTS
920 WEST FOURTH
CENTRALIA, IL. 62801

Classification Numbers

License Number	6001937	
Health Service Area	011	
Planning Service Area	027	Clinton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	114	114
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	14.25

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%	82.6%	0.0%	0.0%	17.4%	100.0%		
0	519,244	0	0	109,715	628,959	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COLONIAL HEALTHCARE AND REHABILIT CENTR
515 BUREAU VALLEY PARKWAY
PRINCETON, IL. 61356

Reference Numbers Facility ID 6001945
Health Service Area 002 Planning Service Area 011

Administrator
LouAnne Kenwick

Contact Person and Telephone
LOU ANNE KENWICK
815-875-3347

Date Completed
3/26/2014

Registered Agent Information
Stanley Klem
4600 W. Touhy Ave., Suite 200
Liincolnwood, IL 60712

Building	Reported Age
Building 1 Colonial	41
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	63
Total Admissions 2013	100
Total Discharges 2013	100
Residents on 12/31/2013	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	7
Developmental Disability	0
Circulatory System	11
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	63

Total Residents Diagnosed as Mentally Ill 22

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	88	88	88	88	63	25	92	92
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	88	88	88	88	63	25	92	92

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3272	9.7%	12694	37.8%	0	116	9034	0	25116	78.2%	78.2%
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	3272	9.7%	12694	37.8%	0	116	9034	0	25116	78.2%	78.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	8	34	0	0	0	0	0	0	8	34	42
TOTALS	17	46	0	0	0	0	0	0	17	46	63

COLONIAL HEALTHCARE AND REHABILIT CENTR
515 BUREAU VALLEY PARKWAY
PRINCETON, IL. 61356

Classification Numbers

License Number	6001945	
Health Service Area	002	
Planning Service Area	011	Bureau/Putnam

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	34	0	1	22	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	34	0	1	22	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	221	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	6.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	32.00
Totals	73.00

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
29.8%	37.6%	0.0%	0.8%	31.8%	100.0%		
1,469,535	1,849,168	0	41,503	1,563,875	4,924,081	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COLONIAL MANOR
620 WARRINGTON
DANVILLE, IL. 61832

Reference Numbers Facility ID 6001952
Health Service Area 004 Planning Service Area 183

Administrator
Mark R Black

Contact Person and Telephone
Rabecca Howard

Registered Agent Information **Date Completed** 3/21/2014

Building		Reported Age
Building 1	middle wing	52
Building 2	west wing	46
Building 3	east wing	25
Building 4	far east wing	16
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	63
Total Admissions 2013	256
Total Discharges 2013	247
Residents on 12/31/2013	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	14
Mental Illness	14
Developmental Disability	0
Circulatory System	17
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 14

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	83	83	80	83	72	11	83	83
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	83	83	80	83	72	11	83	83

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5172	17.1%	10435	34.4%	0	0	10013	0	25620	84.6%	84.6%
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	5172	17.1%	10435	34.4%	0	0	10013	0	25620	84.6%	84.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	4	48	0	0	0	0	0	0	4	48	52
TOTALS	10	62	0	0	0	0	0	0	10	62	72

COLONIAL MANOR
620 WARRINGTON
DANVILLE, IL. 61832

Classification Numbers

License Number	6001952	
Health Service Area	004	
Planning Service Area	183	Vermilion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	24	0	0	33	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	24	0	0	33	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	224	196
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	5.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	58.00

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
38.6%	20.4%	0.0%	0.0%	40.9%	100.0%		
2,379,190	1,259,121	0	0	2,519,911	6,158,222	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COLUMBIA REHAB & NURSING CENTER
253 BRADINGTON DRIVE
COLUMBIA, IL. 62236

Reference Numbers Facility ID 6013106
Health Service Area 011 Planning Service Area 133

Administrator
Christy Utterback

Contact Person and Telephone
Tammy von Yeast
618-281-6800

Date Completed
4/2/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	83
Non-Medical Conditions	0
TOTALS	109

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Columbia Rehab & Nursing/Brick	23
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	74
Total Admissions 2013	152
Total Discharges 2013	117
Residents on 12/31/2013	109

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	119	118	117	118	109	10	119	119
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	119	118	117	118	109	10	119	119

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5613	12.9%	16179	37.2%	0	103	16870	0	38765	89.2%	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	5613	12.9%	16179	37.2%	0	103	16870	0	38765	89.2%	90.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	8	23	0	0	0	0	0	0	8	23	31
85+	10	53	0	0	0	0	0	0	10	53	63
TOTALS	23	86	0	0	0	0	0	0	23	86	109

COLUMBIA REHAB & NURSING CENTER
253 BRADINGTON DRIVE
COLUMBIA, IL. 62236

Classification Numbers

License Number	6013106	
Health Service Area	011	
Planning Service Area	133	Monroe

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	48	0	1	45	0	109
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	48	0	1	45	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	109	0	0	0	109

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	109	0	0	0	109

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	11.00
Certified Aides	44.00
Other Health Staff	2.00
Non-Health Staff	29.00
Totals	92.00

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
36.3%	23.5%	0.0%	0.6%	39.6%	100.0%		
2,782,931	1,801,600	0	45,984	3,032,947	7,663,462	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COLUMBUS MANOR RESIDENTIAL
5107- WEST JACKSON BLVD
CHICAGO, IL. 60644

Reference Numbers Facility ID 6001994
Health Service Area 006 Planning Service Area 602

Administrator
NARAD PERSADSINGH

Contact Person and Telephone
NARAD PERSADSINGH
773-378-5490

Date Completed
4/11/2014

Registered Agent Information
SID AHMED
1440 MAPLE AVE, STE.6A
Lisle, IL 60532

Life Care Facility

Building		Reported Age
Building 1	01 BUILDING	50
Building 2	07 BUILDING	50
Building 3	15 BUILDING	50
Building 4	21 BUILDING	50
Building 5	33 BUILDING	50

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	103
Total Admissions 2013	54
Total Discharges 2013	35
Residents on 12/31/2013	122

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	122
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	122

Total Residents Diagnosed as Mentally Ill 122

Total Residents Reported as Identified Offenders 34

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	189	189	122	189	122	67	0	189
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	189	189	122	189	122	67	0	189

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	15106	21.9%	0	0	0	0	15106	21.9%	21.9%
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	0	0.0%	15106	21.9%	0	0	0	0	15106	21.9%	21.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	44	19	0	0	0	0	0	0	44	19	63
45 to 59	22	8	0	0	0	0	0	0	22	8	30
60 to 64	14	5	0	0	0	0	0	0	14	5	19
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	1	3	0	0	0	0	0	0	1	3	4
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	83	39	0	0	0	0	0	0	83	39	122

COLUMBUS MANOR RESIDENTIAL
5107- WEST JACKSON BLVD
CHICAGO, IL. 60644

Classification Numbers

License Number	6001994	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	122	0	0	0	0	122
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	122	0	0	0	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	83	83
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	97	0	0	0	97
Hawaiian/Pacific Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	122	0	0	0	122

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	4	0	0	0	4
Total	122	0	0	0	122

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	11.00
Certified Aides	15.00
Other Health Staff	5.00
Non-Health Staff	26.00
Totals	61.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	1,218,064	0	0	0	1,218,064	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COLUMBUS PARK N & REHAB CENTER
901 SOUTH AUSTIN
CHICAGO, IL. 60644

Reference Numbers Facility ID 6002067
Health Service Area 006 Planning Service Area 602

Administrator
Patrick Baalke

Contact Person and Telephone
PATRICK BAALKE
773-287-5959

Date Completed
4/3/2014

Registered Agent Information
Tom Winter
6840 N. Lincoln Ave.
Liincolnwood, IL 60712

Building		Reported Age
Building 1	Columbus Park Nursing & Reha	49
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	186
Total Admissions 2013	105
Total Discharges 2013	103
Residents on 12/31/2013	188

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	16
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	33
Mental Illness	34
Developmental Disability	0
Circulatory System	6
Respiratory System	35
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	34
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	188

Total Residents Diagnosed as Mentally Ill 88

Total Residents Reported as Identified Offenders 31

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	216	216	216	216	188	28	108	216
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	216	216	216	216	188	28	108	216

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2862	7.3%	67450	85.6%	180	18	64	0	70574	89.5%	89.5%
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	2862	7.3%	67450	85.6%	180	18	64	0	70574	89.5%	89.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	9	4	0	0	0	0	0	0	9	4	13
45 to 59	26	33	0	0	0	0	0	0	26	33	59
60 to 64	22	10	0	0	0	0	0	0	22	10	32
65 to 74	30	21	0	0	0	0	0	0	30	21	51
75 to 84	13	7	0	0	0	0	0	0	13	7	20
85+	4	9	0	0	0	0	0	0	4	9	13
TOTALS	104	84	0	0	0	0	0	0	104	84	188

COLUMBUS PARK N & REHAB CENTER
901 SOUTH AUSTIN
CHICAGO, IL. 60644

Classification Numbers

License Number	6002067	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	177	0	0	0	0	188
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	177	0	0	0	0	188

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	129	0	0	0	129
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	188	0	0	0	188

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	181	0	0	0	181
Ethnicity Unknown	0	0	0	0	0
Total	188	0	0	0	188

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	25.00
Certified Aides	63.00
Other Health Staff	12.00
Non-Health Staff	54.00
Totals	167.00

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
15.8%	74.9%	0.2%	0.1%	8.9%	100.0%		
1,426,769	6,762,178	21,152	8,501	805,945	9,024,545	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COMMUNITY CARE CENTER
4314 SOUTH WABASH AVENUE
CHICAGO, IL. 60653

Reference Numbers Facility ID 6002026
Health Service Area 006 Planning Service Area 603

Administrator
Daryce Fields

Contact Person and Telephone
Daryce Fields
773-538-8300

Date Completed
4/3/2014

Registered Agent Information
Tom Hein
443 Summit Ave
Oakbrook Terrace, IL 60181

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	178
Total Admissions 2013	168
Total Discharges 2013	173
Residents on 12/31/2013	173

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	5
Blood Disorders	11
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	97
Developmental Disability	0
Circulatory System	14
Respiratory System	13
Digestive System	7
Genitourinary System Disorders	0
Skin Disorders	8
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	173

Total Residents Diagnosed as Mentally Ill 121

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	204	204	173	204	173	31	56	204
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	204	204	173	204	173	31	56	204

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	569	2.8%	60119	80.7%	0	0	1845	0	62533	84.0%	84.0%
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	569	2.8%	60119	80.7%	0	0	1845	0	62533	84.0%	84.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	3	0	0	0	0	0	0	7	3	10
45 to 59	44	13	0	0	0	0	0	0	44	13	57
60 to 64	27	6	0	0	0	0	0	0	27	6	33
65 to 74	26	9	0	0	0	0	0	0	26	9	35
75 to 84	18	9	0	0	0	0	0	0	18	9	27
85+	3	8	0	0	0	0	0	0	3	8	11
TOTALS	125	48	0	0	0	0	0	0	125	48	173

COMMUNITY CARE CENTER
4314 SOUTH WABASH AVENUE
CHICAGO, IL. 60653

Classification Numbers

License Number	6002026	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	168	0	0	0	0	173
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	168	0	0	0	0	173

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	160	0	0	0	160
Hawaiian/Pacific Isl.	0	0	0	0	0
White	10	0	0	0	10
Race Unknown	3	0	0	0	3
Total	173	0	0	0	173

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	170	0	0	0	170
Ethnicity Unknown	0	0	0	0	0
Total	173	0	0	0	173

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	17.00
Certified Aides	43.00
Other Health Staff	6.00
Non-Health Staff	42.00
Totals	120.00

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
3.8%	93.1%	0.0%	0.0%	3.1%	100.0%		
294,372	7,188,910	0	0	239,850	7,723,132	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	6/27/2012	Change of ownership occurred.
Name Change	6/27/2012	Formerly 'Community Care'.

COMMUNITY NSG & REHAB CENTER
1136 NORTH MILL STREET
NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6006175
Health Service Area 007 Planning Service Area 703

Administrator
LARRY BANKS

Contact Person and Telephone
STEVE JEREMIAS
630-355-3300

Date Completed
3/18/2014

Registered Agent Information
Abraham J. Stern
191 N. Wacker Drive
Chicago, IL 60606

Building		Reported Age
Building 1	Community Nursing & Rehabilita	40
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	125
Total Admissions 2013	277
Total Discharges 2013	281
Residents on 12/31/2013	121

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	6
Blood Disorders	5
*Nervous System Non Alzheimer	0
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	29
Digestive System	11
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	24
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	121

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	153	150	130	150	121	32	153	153
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	153	150	130	150	121	32	153	153

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8879	15.9%	28212	50.5%	0	1726	4808	0	43625	78.1%	79.7%
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	8879	15.9%	28212	50.5%	0	1726	4808	0	43625	78.1%	79.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	6	5	0	0	0	0	0	0	6	5	11
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	5	18	0	0	0	0	0	0	5	18	23
75 to 84	11	25	0	0	0	0	0	0	11	25	36
85+	7	40	0	0	0	0	0	0	7	40	47
TOTALS	30	91	0	0	0	0	0	0	30	91	121

COMMUNITY NSG & REHAB CENTER
1136 NORTH MILL STREET
NAPERVILLE, IL. 60563

Classification Numbers

License Number	6006175	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	77	0	7	14	0	121
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	77	0	7	14	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	233	223
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	19	0	0	0	19
Hawaiian/Pacific Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	121	0	0	0	121

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	6.00
Certified Aides	46.00
Other Health Staff	5.00
Non-Health Staff	59.00
Totals	138.00

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
45.7%	39.3%	0.0%	5.4%	9.5%	100.0%		
5,184,884	4,458,555	0	616,779	1,080,789	11,341,007	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CONCORD NURSING & REHAB CENTER
9401 SOUTH RIDGELAND AVENUE
OAK LAWN, IL. 60453

Reference Numbers Facility ID 6002059
Health Service Area 007 Planning Service Area 705

Administrator
Maggie Olson

Contact Person and Telephone
Maggie Olson

Date Completed
4/4/2014

Registered Agent Information
Fred Frankel
8131 N Monticello
Skokie, IL 60076

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	116
Total Admissions 2013	124
Total Discharges 2013	127
Residents on 12/31/2013	113

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	9
Mental Illness	3
Developmental Disability	2
Circulatory System	50
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	113

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	134	134	120	134	113	21	134	134
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	134	134	120	134	113	21	134	134

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3350	6.8%	30660	62.7%	6205	47	2444	0	42706	87.3%	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	3350	6.8%	30660	62.7%	6205	47	2444	0	42706	87.3%	87.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	18	6	0	0	0	0	0	0	18	6	24
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	11	5	0	0	0	0	0	0	11	5	16
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	10	31	0	0	0	0	0	0	10	31	41
TOTALS	49	64	0	0	0	0	0	0	49	64	113

CONCORD NURSING & REHAB CENTER
9401 SOUTH RIDGELAND AVENUE
OAK LAWN, IL. 60453

Classification Numbers

License Number	6002059	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	80	17	0	4	0	113
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	80	17	0	4	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	47	0	0	0	47
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	113	0	0	0	113

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	16.00
Certified Aides	43.00
Other Health Staff	21.00
Non-Health Staff	31.00
Totals	121.00

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
8.5%	82.1%	2.1%	2.8%	4.5%	100.0%		
615,107	5,925,813	151,069	201,385	328,580	7,221,954	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CONCORDIA VILLAGE
4101 WEST ILES AVENUE
SPRINGFIELD, IL. 62711

Reference Numbers Facility ID 6016711
Health Service Area 003 Planning Service Area 167

Administrator
Terry Kolaz

Contact Person and Telephone
Terry Kolaz
217-993-7043

Date Completed
4/3/2014

Registered Agent Information

Continuing Care Retirement Community

Building	Reported Age
Building 1 Care Center	2
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	63
Total Admissions 2013	132
Total Discharges 2013	131
Residents on 12/31/2013	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	64	64	64	64	64	0	64	6
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	64	64	64	64	64	0	64	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4079	17.5%	670	30.6%	0	319	16897	0	21965	94.0%	94.0%
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	4079	17.5%	670	30.6%	0	319	16897	0	21965	94.0%	94.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	13	32	0	0	0	0	0	0	13	32	45
TOTALS	19	45	0	0	0	0	0	0	19	45	64

CONCORDIA VILLAGE
4101 WEST ILES AVENUE
SPRINGFIELD, IL. 62711

Classification Numbers

License Number	6016711	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	2	0	0	46	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	2	0	0	46	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	233
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.20
LPN's	10.80
Certified Aides	29.40
Other Health Staff	3.00
Non-Health Staff	13.40
Totals	64.80

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
32.6%	1.2%	0.0%	2.1%	64.1%	100.0%		
2,250,082	79,977	0	148,038	4,416,375	6,894,472	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CONNELLY HOME
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6016364
Health Service Area 006 Planning Service Area 601

Administrator
Sharon Keane

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Date Completed
3/22/2014

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Building	Reported Age
Building 1 Connelly Home	12
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5419	92.8%	0	0	365	0	5784	99.0%	99.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5419	92.8%	0	0	365	0	5784	99.0%	99.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	10	5	0	0	10	5	15
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	10	5	0	0	10	5	15

CONNELLY HOME
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Classification Numbers

License Number	6016364	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	1	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	1	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.04
Director of Nursing	0.25
Registered Nurses	2.31
LPN's	1.06
Certified Aides	13.67
Other Health Staff	5.27
Non-Health Staff	3.93
Totals	27.03

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%	87.6%	0.0%	0.0%	12.4%	100.0%		
0	881,149	0	0	125,126	1,006,275	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CONRAD HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6016620
Health Service Area 006 Planning Service Area 601

Administrator
Emily Tazic

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Date Completed
3/22/2014

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Conrad house	3
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	12

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	12
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	#Div/0!	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	######	0	0	0	0	4380	100.0%	100.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	0	0	0	5	0	5
45 to 59	0	0	0	0	7	0	0	0	7	0	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	12	0	0	0	12	0	12

CONRAD HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Classification Numbers

License Number	6016620	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.42
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	12.33
Other Health Staff	3.22
Non-Health Staff	0.15
Totals	16.66

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%	84.4%	0.0%	0.0%	15.6%	100.0%		
0	587,032	0	0	108,739	695,771	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CONTINENTAL NURSING & REHAB CENTER
5336 NORTH WESTERN AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6002075
Health Service Area 006 Planning Service Area 601

Administrator
John Marc Sianghio

Contact Person and Telephone
John Marc Sianghio
773-271-5600

Date Completed
3/27/2014

Registered Agent Information
David Gross
150 Fencl Lane
Hillside, IL 60162

Building		Reported Age
Building 1	4 Storey Concrete / Brick on Sla	38
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	145
Total Admissions 2013	211
Total Discharges 2013	190
Residents on 12/31/2013	166

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	1
Mental Illness	75
Developmental Disability	3
Circulatory System	25
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	20
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	166

Total Residents Diagnosed as Mentally Ill 88

Total Residents Reported as Identified Offenders 37

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	208	192	170	192	166	42	208	208
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	208	192	170	192	166	42	208	208

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5199	6.8%	49347	65.0%	0	30	812	0	55388	73.0%	79.0%
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	5199	6.8%	49347	65.0%	0	30	812	0	55388	73.0%	79.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	6	0	0	0	0	0	0	9	6	15
45 to 59	48	17	0	0	0	0	0	0	48	17	65
60 to 64	12	10	0	0	0	0	0	0	12	10	22
65 to 74	23	14	0	0	0	0	0	0	23	14	37
75 to 84	9	11	0	0	0	0	0	0	9	11	20
85+	4	3	0	0	0	0	0	0	4	3	7
TOTALS	105	61	0	0	0	0	0	0	105	61	166

CONTINENTAL NURSING & REHAB CENTER
5336 NORTH WESTERN AVENUE
CHICAGO, IL. 60625

Classification Numbers

License Number	6002075	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	141	0	1	1	0	166
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	141	0	1	1	0	166

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	67	0	0	0	67
Hawaiian/Pacific Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	3	0	0	0	3
Total	166	0	0	0	166

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	26	0	0	0	26
Non-Hispanic	137	0	0	0	137
Ethnicity Unknown	3	0	0	0	3
Total	166	0	0	0	166

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	20.00
Certified Aides	79.00
Other Health Staff	8.00
Non-Health Staff	33.00
Totals	167.00

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
29.0%	69.2%	0.0%	0.1%	1.7%	100.0%		
2,980,732	7,112,125	0	7,098	178,969	10,278,924	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CORNERSTONE HOME
1009 SOUTH IRVING
MONTICELLO, IL. 61856

Reference Numbers Facility ID 6011506
Health Service Area 004 Planning Service Area 147

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217-398-0754 ext 13

Date Completed
4/1/2014

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

Building		Reported Age
Building 1	1009 south irving monticello illin	25
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	1
Total Discharges 2013	0
Residents on 12/31/2013	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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	13

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	13	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	13	16	13	3	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4702	80.5%	0	0	0	0	4702	80.5%	80.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4702	80.5%	0	0	0	0	4702	80.5%	80.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	3	0	0	1	3	4
45 to 59	0	0	0	0	5	3	0	0	5	3	8
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	7	6	0	0	7	6	13

CORNERSTONE HOME
1009 SOUTH IRVING
MONTICELLO, IL. 61856

Classification Numbers

License Number	6011506	
Health Service Area	004	
Planning Service Area	147	Piatt

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	138	138
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.25

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	558,918	0	0	0	558,918	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CORNERSTONE REHAB & HEALTHCARE
5533 NORTH GALENA ROAD
PEORIA HEIGHTS, IL. 61616

Reference Numbers Facility ID 6003420
Health Service Area 002 Planning Service Area 143

Administrator
Corrie Magee

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/4/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Cornerstone RHCC/Nursing Ho	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	64
Total Admissions 2013	173
Total Discharges 2013	164
Residents on 12/31/2013	73

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	76

Total Residents Diagnosed as Mentally Ill 36

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	94	94	84	94	73	21	94	94
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	94	94	84	94	73	21	94	94

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2961	8.6%	12228	35.6%	495	617	8872	0	25173	73.4%	73.4%
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	2961	8.6%	12228	35.6%	495	617	8872	0	25173	73.4%	73.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	8	34	0	0	0	0	0	0	8	34	42
TOTALS	18	55	0	0	0	0	0	0	18	55	73

CORNERSTONE REHAB & HEALTHCARE
5533 NORTH GALENA ROAD
PEORIA HEIGHTS, IL. 61616

Classification Numbers

License Number	6003420	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	38	0	0	28	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	38	0	0	28	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	9.00
Certified Aides	30.00
Other Health Staff	6.00
Non-Health Staff	33.00
Totals	85.00

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
32.9%	30.1%	0.0%	4.8%	32.3%	100.0%		
1,640,590	1,501,513	0	239,280	1,609,998	4,991,381	27,275	0.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COULTERVILLE CARE CENTER
13138 STATE ROUTE 13
COULTERVILLE, IL. 62237

Reference Numbers Facility ID 6015200
Health Service Area 005 Planning Service Area 157

Administrator
ANDREA MCFADDEN

Contact Person and Telephone
SHEILA WEIS
618-758-2256

Date Completed
4/4/2014

Registered Agent Information
Alan Farris
221 South Market PO Box 314
Sparta, IL 62286

Building	Reported Age
Building 1 Coulterville Care Center	14
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	73
Total Admissions 2013	102
Total Discharges 2013	106
Residents on 12/31/2013	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	75	75	75	75	69	6	75	75
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	75	75	75	75	69	6	75	75

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5572	20.4%	9266	33.8%	0	0	9848	0	24686	90.2%	90.2%
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	5572	20.4%	9266	33.8%	0	0	9848	0	24686	90.2%	90.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	5	15	0	0	0	0	0	0	5	15	20
85+	3	35	0	0	0	0	0	0	3	35	38
TOTALS	14	55	0	0	0	0	0	0	14	55	69

COULTERVILLE CARE CENTER
13138 STATE ROUTE 13
COULTERVILLE, IL. 62237

Classification Numbers

License Number	6015200	
Health Service Area	005	
Planning Service Area	157	Randolph

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	23	0	0	37	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	23	0	0	37	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	25.00
Other Health Staff	22.00
Non-Health Staff	0.00
Totals	63.00

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
53.1%	18.8%	0.0%	0.0%	28.1%	100.0%		
2,723,480	966,289	0	0	1,443,073	5,132,842	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COUNTRY CLUB TERRACE
4900 WEST 183RD STREET
COUNTRY CLUB HILLS, IL. 60478

Reference Numbers Facility ID 6012868
Health Service Area 007 Planning Service Area 705

Administrator
Kathleen Prunty

Contact Person and Telephone
Roy A. George
708-514-5449

Date Completed
2/24/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			0	0.0%	5840	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	5840	0	0	0	5840	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	1	0	0	3	1	4
45 to 59	0	0	0	0	5	6	0	0	5	6	11
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	8	8	0	0	8	8	16

COUNTRY CLUB TERRACE
4900 WEST 183RD STREET
COUNTRY CLUB HILLS, IL. 60478

Classification Numbers

License Number	6012868	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	16	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	0	16	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	145
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	1	0	1
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	1.00
Certified Aides	7.00
Other Health Staff	1.00
Non-Health Staff	1.50
Totals	12.50

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%	0.0%		0.0%	0.0%			
0		819,839	0			0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COUNTRY HEALTH
2304 CR 3000 N
GIFFORD, IL. 61847

Reference Numbers Facility ID 6002141
Health Service Area 004 Planning Service Area 019

Administrator
Christopher Kasper

Contact Person and Telephone
Rabecca Howard
309-828-4361

Date Completed
3/20/2014

Registered Agent Information
BENJAMIN HART
115 W. JEFFERSON ST., SUITE 401
Bloomington, IL 61701

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	25
Mental Illness	0
Developmental Disability	1
Circulatory System	27
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	87

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	ORIGINAL BUILDING	44
Building 2	RENOVATIONS & ADDITIONS	4
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	84
Total Admissions 2013	123
Total Discharges 2013	120
Residents on 12/31/2013	87

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	89	88	88	88	87	2	84	89
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	89	88	88	88	87	2	84	89

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3413	11.1%	11622	35.8%	0	0	16015	0	31050	95.6%	96.7%
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	3413	11.1%	11622	35.8%	0	0	16015	0	31050	95.6%	96.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	8	15	0	0	0	0	0	0	8	15	23
85+	11	48	0	0	0	0	0	0	11	48	59
TOTALS	21	66	0	0	0	0	0	0	21	66	87

COUNTRY HEALTH
2304 CR 3000 N
GIFFORD, IL. 61847

Classification Numbers

License Number	6002141	
Health Service Area	004	
Planning Service Area	019	Champaign

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	25	0	0	57	0	87
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	25	0	0	57	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	202	182
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	87	0	0	0	87

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	15.00
Certified Aides	35.00
Other Health Staff	18.00
Non-Health Staff	16.00
Totals	97.00

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
26.6%	22.8%	0.0%	0.0%	50.6%	100.0%		
1,670,876	1,430,763	0	0	3,180,581	6,282,220	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COUNTRYSIDE CARE CENTRE
2330 WEST GALENA BOULEVARD
AURORA, IL. 60506

Reference Numbers Facility ID 6002174
Health Service Area 008 Planning Service Area 089

Administrator
Kim Kohls

Contact Person and Telephone
KIM KOHLS
630-896-4686

Date Completed
3/26/2014

Registered Agent Information
Illinois Corporation Service Co.
801 Adlai Stevenson Dr.
Springfield, IL 62703

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	16
Mental Illness	41
Developmental Disability	0
Circulatory System	50
Respiratory System	14
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	8
Musculo-skeletal Disorders	18
Injuries and Poisonings	8
Other Medical Conditions	14
Non-Medical Conditions	2
TOTALS	196

Total Residents Diagnosed as Mentally Ill 41

Total Residents Reported as Identified Offenders 4

Building		Reported Age
Building 1	Countryside Care Centre	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	185
Total Admissions 2013	236
Total Discharges 2013	225
Residents on 12/31/2013	196

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	203	202	203	196	7	127	203
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	203	202	203	196	7	127	203

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8483	18.3%	47145	63.6%	0	1707	5090	0	62425	84.2%	84.2%
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	8483	18.3%	47145	63.6%	0	1707	5090	0	62425	84.2%	84.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	8	2	0	0	0	0	0	0	8	2	10
60 to 64	6	7	0	0	0	0	0	0	6	7	13
65 to 74	13	26	0	0	0	0	0	0	13	26	39
75 to 84	21	41	0	0	0	0	0	0	21	41	62
85+	15	57	0	0	0	0	0	0	15	57	72
TOTALS	63	133	0	0	0	0	0	0	63	133	196

COUNTRYSIDE CARE CENTRE
2330 WEST GALENA BOULEVARD
AURORA, IL. 60506

Classification Numbers

License Number	6002174	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	150	0	4	17	0	196
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	150	0	4	17	0	196

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	270	230
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	29	0	0	0	29
Hawaiian/Pacific Isl.	1	0	0	0	1
White	162	0	0	0	162
Race Unknown	0	0	0	0	0
Total	196	0	0	0	196

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	189	0	0	0	189
Ethnicity Unknown	0	0	0	0	0
Total	196	0	0	0	196

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	24.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	20.00
Certified Aides	91.00
Other Health Staff	14.00
Non-Health Staff	61.00
Totals	234.00

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
33.6%	54.1%	0.0%	5.2%	7.1%	100.0%		
5,283,680	8,502,636	0	824,210	1,111,450	15,721,976	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/10/2012	Change of Ownership occurred.

COUNTRYSIDE NURSING & REHAB CTR
1635 EAST 154TH STREET
DOLTON, IL. 60419

Reference Numbers Facility ID 6002190
Health Service Area 007 Planning Service Area 705

Administrator
Callie Graham

Contact Person and Telephone
Callie Graham
708-841-9550

Date Completed
3/20/2014

Registered Agent Information

Life Care Facility

Building		Reported Age
Building 1	Countryside Nrsg. and Rehab Ct	40
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	162
Total Admissions 2013	120
Total Discharges 2013	114
Residents on 12/31/2013	168

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	4
Mental Illness	87
Developmental Disability	3
Circulatory System	28
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	168

Total Residents Diagnosed as Mentally Ill 146

Total Residents Reported as Identified Offenders 28

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	197	197	178	197	168	29	100	197
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	197	197	178	197	168	29	100	197

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4575	12.5%	56671	78.8%	205	5	956	0	62412	86.8%	86.8%
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	4575	12.5%	56671	78.8%	205	5	956	0	62412	86.8%	86.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	6	1	0	0	0	0	0	0	6	1	7
45 to 59	49	24	0	0	0	0	0	0	49	24	73
60 to 64	24	11	0	0	0	0	0	0	24	11	35
65 to 74	19	14	0	0	0	0	0	0	19	14	33
75 to 84	8	6	0	0	0	0	0	0	8	6	14
85+	2	4	0	0	0	0	0	0	2	4	6
TOTALS	108	60	0	0	0	0	0	0	108	60	168

COUNTRYSIDE NURSING & REHAB CTR
1635 EAST 154TH STREET
DOLTON, IL. 60419

Classification Numbers

License Number	6002190	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	151	1	1	2	0	169
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	151	1	1	2	0	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	116	0	0	0	116
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	168	0	0	0	168

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	164	0	0	0	164
Ethnicity Unknown	0	0	0	0	0
Total	168	0	0	0	168

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	7.00
LPN's	20.00
Certified Aides	40.00
Other Health Staff	7.00
Non-Health Staff	58.00
Totals	136.00

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
24.0%	74.6%	0.2%	0.0%	1.2%	100.0%		
2,271,460	7,064,732	23,574	1,250	109,080	9,470,096	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COUNTRYVIEW CARE CTR OF MACOMB
400 WEST GRANT STREET
MACOMB, IL. 61455

Reference Numbers Facility ID 6005631
Health Service Area 002 Planning Service Area 109

Administrator
Leann Fecht

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/1/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Countryview Care Center of Mac	58
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	45
Total Admissions 2013	59
Total Discharges 2013	51
Residents on 12/31/2013	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	9
Developmental Disability	0
Circulatory System	9
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 48

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	62	56	56	56	53	9	0	62
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	62	56	56	56	53	9	0	62

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	898	0.0%	12818	56.6%	2214	0	2774	0	18704	82.7%	91.5%
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	898	0.0%	12818	56.6%	2214	0	2774	0	18704	82.7%	91.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	0	0	0	0	0	0	0	5	5
45 to 59	5	5	0	0	0	0	0	0	5	5	10
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	19	34	0	0	0	0	0	0	19	34	53

COUNTRYVIEW CARE CTR OF MACOMB
400 WEST GRANT STREET
MACOMB, IL. 61455

Classification Numbers

License Number	6005631	
Health Service Area	002	
Planning Service Area	109	McDonough

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	43	0	0	8	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	43	0	0	8	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	5.00
Certified Aides	6.00
Other Health Staff	0.00
Non-Health Staff	6.00
Totals	22.00

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
15.7%	70.5%	0.0%	0.0%	13.8%	100.0%		
399,266	1,789,324	0	0	350,185	2,538,775	1,639	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COUNTRYVIEW HOME
503 SOUTH BOURNE STREET
TOLONO, IL. 61880

Reference Numbers Facility ID 6012223
Health Service Area 004 Planning Service Area 019

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217-398-0754 ext 13

Date Completed
4/1/2014

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

Building		Reported Age
Building 1	503 South Bourne Tolono Illinois	25
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5475	93.8%	0	0	0	0	5475	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	0	0	0	5475	93.8%	93.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	2	0	0	4	2	6
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	2	0	0	0	2	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	7	0	0	7	7	14

COUNTRYVIEW HOME
503 SOUTH BOURNE STREET
TOLONO, IL. 61880

Classification Numbers

License Number	6012223	
Health Service Area	004	
Planning Service Area	019	Champaign

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	138	138
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	13.25

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	633,407	0	0	0	633,407	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COUNTRYVIEW TERRACE
P.O. BOX 116
LOUISVILLE, IL. 62858

Reference Numbers Facility ID 6002158
Health Service Area 005 Planning Service Area 025

Administrator
Pat Hassebrock

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/4/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Countryview Terrace/Nursing Ho	68
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	10
Total Admissions 2013	0
Total Discharges 2013	2
Residents on 12/31/2013	8

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	8
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	8

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	12	10	10	8	8		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	12	10	10	8	8	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			3350	57.4%	0	0	0	0	3350	57.4%	76.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3350	57.4%	0	0	0	0	3350	57.4%	76.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	2	0	2
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	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	0	0	0	0	5	3	0	0	5	3	8

COUNTRYVIEW TERRACE
P.O. BOX 116
LOUISVILLE, IL. 62858

Classification Numbers

License Number	6002158	
Health Service Area	005	
Planning Service Area	025	Clay

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		8	0	0	0	0	8
Sheltered Care			0	0	0	0	0
TOTALS	0	8	0	0	0	0	8

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	97	97
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	8	0	8
Race Unknown	0	0	0	0	0
Total	0	0	8	0	8

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	8	0	8
Ethnicity Unknown	0	0	0	0	0
Total	0	0	8	0	8

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	16.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	337,295	0	0	0	337,295	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COURTYARD HEALTHCARE CENTER
3601 SOUTH HARLEM AVENUE
BERWYN, IL. 60402

Reference Numbers Facility ID 6003008
Health Service Area 007 Planning Service Area 704

Administrator
Karen Hamilton

Contact Person and Telephone
Karen Hamilton
708-749-4160

Date Completed
4/2/2014

Registered Agent Information
Stephan N Sher
4709 Golf RD
Skokie, IL 60076

Building		Reported Age
Building 1	Courtyard Health Care/Nursing	47
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	119
Total Admissions 2013	133
Total Discharges 2013	137
Residents on 12/31/2013	115

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	16
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	8
Circulatory System	19
Respiratory System	21
Digestive System	11
Genitourinary System Disorders	7
Skin Disorders	3
Musculo-skeletal Disorders	8
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	145	145	128	145	115	30	118	145
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	145	145	128	145	115	30	118	145

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6598	15.3%	35139	66.4%	0	1557	1353	0	44647	84.4%	84.4%
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	6598	15.3%	35139	66.4%	0	1557	1353	0	44647	84.4%	84.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	1	0	0	0	0	0	0	4	1	5
45 to 59	18	13	0	0	0	0	0	0	18	13	31
60 to 64	9	8	0	0	0	0	0	0	9	8	17
65 to 74	15	12	0	0	0	0	0	0	15	12	27
75 to 84	10	10	0	0	0	0	0	0	10	10	20
85+	10	5	0	0	0	0	0	0	10	5	15
TOTALS	66	49	0	0	0	0	0	0	66	49	115

COURTYARD HEALTHCARE CENTER
3601 SOUTH HARLEM AVENUE
BERWYN, IL. 60402

Classification Numbers

License Number	6003008	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	96	0	0	2	0	115
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	96	0	0	2	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	270	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	28	0	0	0	28
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	29	0	0	0	29
Total	115	0	0	0	115

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	29	0	0	0	29
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	15.00
Certified Aides	38.00
Other Health Staff	10.00
Non-Health Staff	17.00
Totals	93.00

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
45.2%	50.1%	0.0%	2.0%	2.7%	100.0%		
4,251,666	4,716,765	0	186,655	254,126	9,409,212	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COVENANT HEALTH CARE CENTER
831 N. BATAVIA AVENUE
BATAVIA, IL. 60510

Reference Numbers Facility ID 6002208
Health Service Area 008 Planning Service Area 089

Administrator
Marya Jordan

Contact Person and Telephone
ANNA-LISA WHITSON
630-879-4106

Date Completed
4/4/2014

Registered Agent Information
Illinois Corp Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Continuing Care Retirement Community
Life Care Facility

Building		Reported Age
Building 1	Michealsen Health Center - Skill	36
Building 2	Aspen, Cedar, Dogwood, Elm, C	36
Building 3	Park Manor - Residential/Catere	26
Building 4	Harry Ekstam Assisted Living	13
Building 5	Town Center - Residential/Indep	6

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	82
Total Admissions 2013	240
Total Discharges 2013	236
Residents on 12/31/2013	86

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	0
Circulatory System	21
Respiratory System	11
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	18
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	86

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	88	88	88	86	13	99	50
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	88	88	88	86	13	99	50

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5316	14.7%	8217	45.0%	0	531	16981	0	31045	85.9%	96.7%
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	5316	14.7%	8217	45.0%	0	531	16981	0	31045	85.9%	96.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	4	11	0	0	0	0	0	0	4	11	15
85+	17	53	0	0	0	0	0	0	17	53	70
TOTALS	21	65	0	0	0	0	0	0	21	65	86

COVENANT HEALTH CARE CENTER
831 N. BATAVIA AVENUE
BATAVIA, IL. 60510

Classification Numbers

License Number	6002208	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	25	0	1	51	0	86
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	25	0	1	51	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	369	287
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	20.00
LPN's	2.00
Certified Aides	39.00
Other Health Staff	0.00
Non-Health Staff	41.00
Totals	102.00

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
27.0%	10.9%	0.0%	0.8%	61.2%	100.0%		
2,377,313	960,059	0	72,424	5,382,471	8,792,267	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COVENANT HEALTH CARE CENTER
2155 PFINGSTEN ROAD
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6001093
Health Service Area 007 Planning Service Area 702

Administrator
Jonathan

Contact Person and Telephone
JONATHAN KASPAR
847-480-6350

Date Completed
4/9/2014

Registered Agent Information

Continuing Care Retirement Community
Life Care Facility

Building	Reported Age
Building 1 Brandel Rehab	40
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	82
Total Admissions 2013	291
Total Discharges 2013	291
Residents on 12/31/2013	82

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	28
Developmental Disability	0
Circulatory System	26
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

Total Residents Diagnosed as Mentally Ill 28

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	102	94	93	93	82	20	102	75
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	102	94	93	93	82	20	102	75

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5408	14.5%	6207	22.7%	0	495	18421	0	30531	82.0%	89.0%
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	5408	14.5%	6207	22.7%	0	495	18421	0	30531	82.0%	89.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	7	7	0	0	0	0	0	0	7	7	14
85+	10	52	0	0	0	0	0	0	10	52	62
TOTALS	20	62	0	0	0	0	0	0	20	62	82

COVENANT HEALTH CARE CENTER
2155 PFINGSTEN ROAD
NORTHBROOK, IL. 60062

Classification Numbers

License Number	6001093	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	21	0	0	44	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	21	0	0	44	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	481	271
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.50
LPN's	2.50
Certified Aides	39.50
Other Health Staff	6.25
Non-Health Staff	32.25
Totals	98.00

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
32.1%	8.6%	0.0%	1.6%	57.7%	100.0%		
2,574,287	693,179	0	127,092	4,635,792	8,030,350	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

COVENTRY LIVING CENTER
612 WEST 23rd Street
STERLING, IL. 61081

Reference Numbers Facility ID 6011373
Health Service Area 001 Planning Service Area 195

Administrator
Emily Dykstra

Contact Person and Telephone
Emily Dykstra
815-626-9020

Date Completed
4/4/2014

Registered Agent Information

Life Care Facility

Building		Reported Age
Building 1	Coventry Living Center	28
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	89
Total Admissions 2013	322
Total Discharges 2013	288
Residents on 12/31/2013	123

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	34
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	92

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	130	130	98	130	92	38	130	102
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	130	130	98	130	92	38	130	102

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6718	14.2%	14918	40.1%	0	168	10650	20	32474	68.4%	68.4%
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	6718	14.2%	14918	40.1%	0	168	10650	20	32474	68.4%	68.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	0	0	0	0	2	2
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	5	26	0	0	0	0	0	0	5	26	31
85+	7	38	0	0	0	0	0	0	7	38	45
TOTALS	18	74	0	0	0	0	0	0	18	74	92

COVENTRY LIVING CENTER
612 WEST 23rd Street
STERLING, IL. 61081

Classification Numbers

License Number	6011373	
Health Service Area	001	
Planning Service Area	195	Whiteside

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	41	0	2	35	0	92
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	41	0	2	35	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	92	0	0	0	92

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	15.00
Certified Aides	51.00
Other Health Staff	5.00
Non-Health Staff	11.00
Totals	89.00

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
47.7%	24.3%	6.6%	0.7%	20.7%	100.0%		
3,187,445	1,625,140	441,096	48,990	1,386,168	6,688,839	2,800	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CRAWFORD MEMORIAL HOSPITAL SNF UNIT
1000 N ALLEN
ROBINSON, IL. 62454

Reference Numbers Facility ID 6011209
Health Service Area 005 Planning Service Area 033

Administrator
Sandi Burtron

Contact Person and Telephone
Amber Parker, LTC Director
618-546-2526

Date Completed
4/2/2014

Registered Agent Information

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	24

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	CRAWFORD MEMORIAL HOSP	56
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	18
Total Admissions 2013	88
Total Discharges 2013	82
Residents on 12/31/2013	24

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	38	32	28	32	24	14	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	38	32	28	32	24	14	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1230	0.0%	0	0.0%	0	0	5919	0	7149	51.5%	61.2%
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	1230	0.0%	0	0.0%	0	0	5919	0	7149	51.5%	61.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	1	4	0	0	0	0	0	0	1	4	5
85+	4	13	0	0	0	0	0	0	4	13	17
TOTALS	6	18	0	0	0	0	0	0	6	18	24

CRAWFORD MEMORIAL HOSPITAL SNF UNIT
1000 N ALLEN
ROBINSON, IL. 62454

Classification Numbers

License Number	6011209	
Health Service Area	005	
Planning Service Area	033	Crawford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	0	0	0	19	0	24
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	0	0	0	19	0	24

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	183	164
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	24	0	0	0	24

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	24	0	0	0	24
Ethnicity Unknown	0	0	0	0	0
Total	24	0	0	0	24

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	3.00
LPN's	0.90
Certified Aides	9.60
Other Health Staff	0.90
Non-Health Staff	4.50
Totals	19.90

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
7.4%	0.0%	0.0%	0.0%	92.6%	100.0%		
79,640	0	0	0	992,657	1,072,297	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CRESTWOOD TERRACE NURSING CENTER
13301 SOUTH CENTRAL AVENUE
CRESTWOOD, IL. 60445

Reference Numbers Facility ID 6002273
Health Service Area 007 Planning Service Area 705

Administrator
Alice Apara-Olujimi

Contact Person and Telephone
ALICE APARA-OLUJIMI
708-597-5251

Date Completed
4/3/2014

Registered Agent Information
Michael Weis
1 S 443 Summit Avenue, Suite 204
Oak Brook Terrace, IL 60181

Continuing Care Retirement Community

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	115
Total Admissions 2013	84
Total Discharges 2013	77
Residents on 12/31/2013	122

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	84
Developmental Disability	0
Circulatory System	5
Respiratory System	18
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	122

Total Residents Diagnosed as Mentally Ill 84

Total Residents Reported as Identified Offenders 15

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	126	126	122	126	122	4	0	126
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	126	126	122	126	122	4	0	126

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	42386	92.2%	0	0	307	0	42693	92.8%	92.8%
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	0	0.0%	42386	92.2%	0	0	307	0	42693	92.8%	92.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	11	8	0	0	0	0	0	0	11	8	19
45 to 59	34	18	0	0	0	0	0	0	34	18	52
60 to 64	10	6	0	0	0	0	0	0	10	6	16
65 to 74	9	9	0	0	0	0	0	0	9	9	18
75 to 84	4	7	0	0	0	0	0	0	4	7	11
85+	2	4	0	0	0	0	0	0	2	4	6
TOTALS	70	52	0	0	0	0	0	0	70	52	122

CRESTWOOD TERRACE NURSING CENTER
13301 SOUTH CENTRAL AVENUE
CRESTWOOD, IL. 60445

Classification Numbers

License Number	6002273	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	120	0	0	2	0	122
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	120	0	0	2	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	122	116
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	65	0	0	0	65
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	122	0	0	0	122

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	122	0	0	0	122

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	12.00
Certified Aides	27.00
Other Health Staff	9.00
Non-Health Staff	39.00
Totals	92.00

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
0.0%	99.2%	0.0%	0.0%	0.8%	100.0%		
0	4,962,948	0	0	37,598	5,000,546	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	6/27/2012	Formerly 'Crestwood Terrace'.
CHOW	6/27/2012	Change of ownership occurred.

CROSSROADS CARE CENTER WOODSTOCK
309 MCHENRY AVENUE
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6010136
Health Service Area 008 Planning Service Area 111

Administrator
lynette rugg

Contact Person and Telephone
Lynette M Rugg
815-338-1700

Date Completed
4/23/2014

Registered Agent Information
lynette Rugg
309 Mchenry Ave
Woodstock, IL 60098

Building	Reported Age
Building 1 one story, 4 wing resident care	45
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	88
Total Admissions 2013	299
Total Discharges 2013	293
Residents on 12/31/2013	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	41
Respiratory System	14
Digestive System	0
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	107	103	107	94	21	115	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	115	107	103	107	94	21	115	115

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5901	14.1%	24942	59.4%	0	581	3992	0	35416	84.4%	90.7%
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	5901	14.1%	24942	59.4%	0	581	3992	0	35416	84.4%	90.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	7	0	0	0	0	0	0	1	7	8
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	7	23	0	0	0	0	0	0	7	23	30
75 to 84	14	18	0	0	0	0	0	0	14	18	32
85+	6	11	0	0	0	0	0	0	6	11	17
TOTALS	30	64	0	0	0	0	0	0	30	64	94

CROSSROADS CARE CENTER WOODSTOCK
309 MCHENRY AVENUE
WOODSTOCK, IL. 60098

Classification Numbers

License Number	6010136	
Health Service Area	008	
Planning Service Area	111	McHenry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	75	0	0	6	0	94
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	75	0	0	6	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	11.00
Certified Aides	38.00
Other Health Staff	8.00
Non-Health Staff	12.00
Totals	80.00

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
54.2%	34.3%	0.0%	8.2%	3.3%	100.0%		
2,607,397	1,651,820	0	393,697	156,967	4,809,881	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/1/2012	Change of ownership occurred.
Name Change	6/1/2012	Formerly Woodstock Residence.

CRYSTAL PINES REHAB & HCC
335 NORTH ILLINOIS AVENUE
CRYSTAL LAKE, IL. 60014

Reference Numbers Facility ID 6002299
Health Service Area 008 Planning Service Area 111

Administrator
SAMUEL BIBER

Contact Person and Telephone
SAMUEL BIBER
815-459-7791

Date Completed
4/1/2013

Registered Agent Information
Dan Meher
926 S. 7th Street
Rockford, IL 62703

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	9
Mental Illness	9
Developmental Disability	0
Circulatory System	26
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	9
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	96

Total Residents Diagnosed as Mentally Ill 45

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 only one building	42
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	105
Total Admissions 2013	114
Total Discharges 2013	123
Residents on 12/31/2013	96

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	114	111	109	110	96	18	112	88
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	114	111	109	110	96	18	112	88

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5692	13.9%	25812	80.4%	0	1011	4315	0	36830	88.5%	90.9%
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	5692	13.9%	25812	80.4%	0	1011	4315	0	36830	88.5%	90.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	11	19	0	0	0	0	0	0	11	19	30
85+	5	43	0	0	0	0	0	0	5	43	48
TOTALS	26	70	0	0	0	0	0	0	26	70	96

CRYSTAL PINES REHAB & HCC
335 NORTH ILLINOIS AVENUE
CRYSTAL LAKE, IL. 60014

Classification Numbers

License Number	6002299	
Health Service Area	008	
Planning Service Area	111	McHenry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	68	0	1	9	0	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	68	0	1	9	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	5.00
Certified Aides	51.00
Other Health Staff	4.00
Non-Health Staff	16.00
Totals	90.00

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
39.6%	36.9%	0.0%	4.8%	18.7%	100.0%		
3,133,868	2,919,188	0	377,978	1,476,265	7,907,299	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CUMBERLAND REHAB & HEALTH CARE
300 NORTH MARIETTA STREET
GREENUP, IL. 62428

Reference Numbers Facility ID 6002307
Health Service Area 004 Planning Service Area 029

Administrator
Katherine Hanner

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/26/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Cumberland RHCC/Nursing Ho	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	36
Total Admissions 2013	56
Total Discharges 2013	57
Residents on 12/31/2013	35

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	35

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	54	51	40	51	35	19	54	54
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	54	51	40	51	35	19	54	54

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1927	9.8%	5326	27.0%	9	78	4950	0	12290	62.4%	66.0%
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	1927	9.8%	5326	27.0%	9	78	4950	0	12290	62.4%	66.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	1	8	0	0	0	0	0	0	1	8	9
85+	4	19	0	0	0	0	0	0	4	19	23
TOTALS	6	29	0	0	0	0	0	0	6	29	35

CUMBERLAND REHAB & HEALTH CARE
300 NORTH MARIETTA STREET
GREENUP, IL. 62428

Classification Numbers

License Number	6002307	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	15	0	0	17	0	35
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	15	0	0	17	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	35	0	0	0	35

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	0	35
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	0	35

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	6.00
Totals	29.00

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
44.0%	28.3%	0.0%	0.1%	27.6%	100.0%		
939,022	603,743	0	2,513	588,584	2,133,862	690	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

CURTISS COURT
2883 SOUTH TAYLOR AVENUE
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6013197
Health Service Area 003 Planning Service Area 167

Administrator
Russ Bogdanovich

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Curtiss Court	22
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	2
Total Discharges 2013	2
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4954	84.8%	0	0	0	0	4954	84.8%	84.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4954	84.8%	0	0	0	0	4954	84.8%	84.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	3	0	0	3	3	6
45 to 59	0	0	0	0	2	7	0	0	2	7	9
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	5	10	0	0	5	10	15

CURTISS COURT
2883 SOUTH TAYLOR AVENUE
SPRINGFIELD, IL. 62703

Classification Numbers

License Number	6013197	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	126
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	629,023	0	0	0	629,023	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DAMMERT GERIATRIC CENTER
726 COMMUNITY DRIVE
BELLEVILLE, IL. 62223

Reference Numbers Facility ID 6002349
Health Service Area 011 Planning Service Area 163

Administrator
Barbara Prosser

Contact Person and Telephone
CATHY KEHOE
618-394-6419

Date Completed
2/27/2014

Registered Agent Information
Fr. Thomas O'Valle
National Shrine of Our Lady of the Snows
Belleville, IL 62223

Continuing Care Retirement Community

Building		Reported Age
Building 1	Apartment Community	48
Building 2	Dammert Geriatric Center	35
Building 3	St. Francis Assisted Living Cent	15
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	81
Total Admissions 2013	64
Total Discharges 2013	64
Residents on 12/31/2013	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	12
Digestive System	5
Genitourinary System Disorders	7
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	57	57	57	57	54	3	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	38	38	30	38	27	11		
TOTAL BEDS	95	95	87	95	81	14	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	19672	104	19776	95.1%	95.1%
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	10058	0	10058	72.5%	72.5%
TOTALS	0	0.0%	0	0.0%	0	0	29730	104	29834	86.0%	86.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	2	0	2	0	2
75 to 84	1	7	0	0	0	0	1	0	2	7	9
85+	16	30	0	0	0	0	3	21	19	51	70
TOTALS	17	37	0	0	0	0	6	21	23	58	81

DAMMERT GERIATRIC CENTER
726 COMMUNITY DRIVE
BELLEVILLE, IL. 62223

Classification Numbers

License Number	6002349	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	54	0	54
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	27	0	27
TOTALS	0	0	0	0	81	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	212	192
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	100	100

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	27	80
Race Unknown	0	0	0	0	0
Total	54	0	0	27	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	53	0	0	27	80
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	27	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	7.00
Certified Aides	24.00
Other Health Staff	2.00
Non-Health Staff	8.00
Totals	53.00

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	4,826,585	4,826,585	9,749	0.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DANFORTH HOUSE
4540 SOUTH MICHIGAN
CHICAGO, IL. 60653

Reference Numbers Facility ID 6002356
Health Service Area 006 Planning Service Area 603

Administrator
Linda Darling

Contact Person and Telephone
Linda Darling
773-918-6209

Date Completed
3/3/2014

Registered Agent Information
Adrienne Golembiewski
1359 West Washington
Chicago, IL 60607

Building	Reported Age
Building 1 Danforth House	28
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	13
Total Admissions 2013	1
Total Discharges 2013	0
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	14	15	14	1		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	14	15	14	1	0	15

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5110	93.3%	0	0	0	0	5110	93.3%	93.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	93.3%	0	0	0	0	5110	93.3%	93.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	2	0	0	1	2	3
45 to 59	0	0	0	0	2	8	0	0	2	8	10
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	3	11	0	0	3	11	14

DANFORTH HOUSE
4540 SOUTH MICHIGAN
CHICAGO, IL. 60653

Classification Numbers

License Number	6002356	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	133	133
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	13	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	1	0	1
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	0.00
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	13.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	550,295	0	0	0	550,295	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DANVILLE CARE
1701 NORTH BOWMAN AVE
DANVILLE, IL. 61832

Reference Numbers Facility ID 6002364
Health Service Area 004 Planning Service Area 183

Administrator
Paula Mason

Contact Person and Telephone
Paula Mason
217-443-2955

Date Completed
3/10/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	98
Total Admissions 2013	107
Total Discharges 2013	103
Residents on 12/31/2013	102

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	9
Mental Illness	54
Developmental Disability	4
Circulatory System	14
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	102

Total Residents Diagnosed as Mentally Ill 54

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	200	158	102	158	102	98	118	200
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	200	158	102	158	102	98	118	200

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3573	8.3%	25886	35.5%	78	32	7648	0	37217	51.0%	64.5%
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	3573	8.3%	25886	35.5%	78	32	7648	0	37217	51.0%	64.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	6	0	0	0	0	0	0	9	6	15
45 to 59	10	14	0	0	0	0	0	0	10	14	24
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	6	13	0	0	0	0	0	0	6	13	19
75 to 84	8	12	0	0	0	0	0	0	8	12	20
85+	4	9	0	0	0	0	0	0	4	9	13
TOTALS	42	60	0	0	0	0	0	0	42	60	102

DANVILLE CARE
1701 NORTH BOWMAN AVE
DANVILLE, IL. 61832

Classification Numbers

License Number	6002364	
Health Service Area	004	
Planning Service Area	183	Vermilion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	63	1	0	27	0	102
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	63	1	0	27	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	249	149
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	19	0	0	0	19
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	1	0	0	0	1
Total	102	0	0	0	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	7.00
Certified Aides	18.00
Other Health Staff	3.00
Non-Health Staff	28.00
Totals	65.00

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
21.2%	71.8%	0.2%	0.9%	5.9%	100.0%		
1,356,365	4,602,711	13,593	54,675	379,395	6,406,739	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DAVIES SQUARE
1817 CRESENT DRIVE
PEKIN, IL. 61554

Reference Numbers Facility ID 6002398
Health Service Area 002 Planning Service Area 179

Administrator
Adam Tabor

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Davies Square	26
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	3	0	0	5	3	8
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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	8	8	0	0	8	8	16

DAVIES SQUARE
1817 CRESENT DRIVE
PEKIN, IL. 61554

Classification Numbers

License Number	6002398	
Health Service Area	002	
Planning Service Area	179	Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	110
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	77.9%	2.2%	0.0%	19.9%	100.0%		
0	506,465	14,131	0	129,515	650,111	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DAVIS HOUSE
4237 SOUTH INDIANA AVENUE
CHICAGO, IL. 60653

Reference Numbers Facility ID 6002406
Health Service Area 006 Planning Service Area 603

Administrator
Linda Darling

Contact Person and Telephone
Linda Darling
773-918-6209

Date Completed
3/10/2014

Registered Agent Information
Adrienne Golembiewski
1359 West Washington Blvd
Chicago, IL 60607

Building	Reported Age
Building 1 Davis House	28
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	1
Total Discharges 2013	0
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	15	0		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	15

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5475	######	0	0	0	0	5475	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	######	0	0	0	0	5475	100.0%	100.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	4	0	0	3	4	7
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	7	8	0	0	7	8	15

DAVIS HOUSE
4237 SOUTH INDIANA AVENUE
CHICAGO, IL. 60653

Classification Numbers

License Number	6002406	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	125	125
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	14	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	1	0	1
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	14.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	550,466	0	0	0	550,466	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DAYSTAR CARE CENTER
2001 CEDAR
CAIRO, IL. 62914

Reference Numbers Facility ID 6010342
Health Service Area 005 Planning Service Area 003

Administrator
kristi karch

Contact Person and Telephone
kristi karch
kristi karch

Date Completed
8/12/2014

Registered Agent Information

(Not Answered)

Building	Reported Age
Building 1 daystar facility	27
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	51
Total Admissions 2013	80
Total Discharges 2013	73
Residents on 12/31/2013	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	15
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	58

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	83	83	58	83	58	25	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	83	83	58	83	58	25	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3600	0.0%	16543	0.0%	0	0	2222	0	22365	73.8%	73.8%
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	3600	0.0%	16543	0.0%	0	0	2222	0	22365	73.8%	73.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	14	3	0	0	0	0	0	0	14	3	17
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	3	15	0	0	0	0	0	0	3	15	18
TOTALS	27	31	0	0	0	0	0	0	27	31	58

DAYSTAR CARE CENTER
2001 CEDAR
CAIRO, IL. 62914

Classification Numbers

License Number	6010342	
Health Service Area	005	
Planning Service Area	003	Alexander/Pulaski

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	46	1	0	4	0	58
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	46	1	0	4	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	29	0	0	0	29
Hawaiian/Pacific Isl.	0	0	0	0	0
White	29	0	0	0	29
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	58	0	0	0	58

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	29.00
Other Health Staff	0.00
Non-Health Staff	33.00
Totals	75.00

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
38.3%	54.1%	0.3%	0.1%	7.2%	100.0%		
1,032,834	1,456,750	8,327	1,736	193,908	2,693,555	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DEARBORN COURT
520 S. DEARBORN STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013726
Health Service Area 009 Planning Service Area 091

Administrator
Jennifer Allsopp

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Dearborn Court	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	6
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	1	0	0	0	1	1
45 to 59	0	0	0	0	0	3	0	0	0	3	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	2	0	0	0	2	0	2
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	2	4	0	0	2	4	6

DEARBORN COURT
520 S. DEARBORN STREET
KANKAKEE, IL. 60901

Classification Numbers

License Number	6013726	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	196
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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	427,728	0	0	0	427,728	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DECATUR MANOR HEALTHCARE
1016 WEST PERSHING ROAD
DECATUR, IL. 62526

Reference Numbers Facility ID 6007363
Health Service Area 004 Planning Service Area 115

Administrator
Ruth Huber

Contact Person and Telephone
Ruth Huber
217-875-0833

Date Completed
3/24/2014

Registered Agent Information
Thomas Winter
6840 N. Lincoln
Liincolnwood, IL 60712

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	131
Total Admissions 2013	61
Total Discharges 2013	68
Residents on 12/31/2013	124

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	124
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	124

Total Residents Diagnosed as Mentally Ill 124

Total Residents Reported as Identified Offenders 28

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	147	147	138	147	124	23	0	127
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	147	147	138	147	124	23	0	127

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	43431	93.7%	1623	57	1517	0	46628	86.9%	86.9%
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	0	0.0%	43431	93.7%	1623	57	1517	0	46628	86.9%	86.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	16	11	0	0	0	0	0	0	16	11	27
45 to 59	34	28	0	0	0	0	0	0	34	28	62
60 to 64	11	10	0	0	0	0	0	0	11	10	21
65 to 74	11	2	0	0	0	0	0	0	11	2	13
75 to 84	1	0	0	0	0	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	73	51	0	0	0	0	0	0	73	51	124

DECATUR MANOR HEALTHCARE
1016 WEST PERSHING ROAD
DECATUR, IL. 62526

Classification Numbers

License Number	6007363	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	116	5	1	2	0	124
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	116	5	1	2	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	110
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	124	0	0	0	124

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	124	0	0	0	124
Ethnicity Unknown	0	0	0	0	0
Total	124	0	0	0	124

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	29.00
Other Health Staff	25.00
Non-Health Staff	20.00
Totals	85.00

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
0.0%	92.2%	4.3%	0.1%	3.4%	100.0%		
0	4,471,177	207,129	5,642	166,870	4,850,818	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DECATUR REHAB & HEALTHCARE CENTER
136 SOUTH DIPPER LANE
DECATUR, IL. 62522

Reference Numbers Facility ID 6003081
Health Service Area 004 Planning Service Area 115

Administrator
Joseph Harding

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/1/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Decatur RHCC/Nursing Home	49
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	37
Total Admissions 2013	23
Total Discharges 2013	21
Residents on 12/31/2013	39

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	27
Developmental Disability	1
Circulatory System	4
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	39

Total Residents Diagnosed as Mentally Ill 29

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	58	48	45	48	39	19	0	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	58	48	45	48	39	19	0	58

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	11309	53.4%	1956	0	963	0	14228	67.2%	81.2%
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	0	0.0%	11309	53.4%	1956	0	963	0	14228	67.2%	81.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	7	7	0	0	0	0	0	0	7	7	14
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	17	22	0	0	0	0	0	0	17	22	39

DECATUR REHAB & HEALTHCARE CENTER
136 SOUTH DIPPER LANE
DECATUR, IL. 62522

Classification Numbers

License Number	6003081	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	32	2	0	5	0	39
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	32	2	0	5	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	138
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	0	0	0	0	0
Total	39	0	0	0	39

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	39	0	0	0	39
Ethnicity Unknown	0	0	0	0	0
Total	39	0	0	0	39

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	3.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	49.00

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
0.0%	87.3%	4.5%	0.0%	8.3%	100.0%		
0	1,424,232	73,008	0	134,712	1,631,952	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DEKALB COUNTY REHAB & NURSING
2600 N. ANNIE GLIDDEN ROAD
DEKALB, IL. 60115

Reference Numbers Facility ID 6015630
Health Service Area 001 Planning Service Area 037

Administrator
CATHERINE ANDERSON

Contact Person and Telephone
CATHERINE ANDERSON
815-758-2477

Date Completed
3/24/2014

Registered Agent Information

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	14
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	2
Mental Illness	26
Developmental Disability	0
Circulatory System	19
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	43
Non-Medical Conditions	41
TOTALS	182

Total Residents Diagnosed as Mentally Ill 26

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	DeKalb County Rehab & Nursing	14
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	170
Total Admissions 2013	213
Total Discharges 2013	201
Residents on 12/31/2013	182

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	190	190	183	190	182	8	190	190
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	190	190	183	190	182	8	190	190

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8692	12.5%	32107	46.3%	0	0	22362	0	63161	91.1%	91.1%
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	8692	12.5%	32107	46.3%	0	0	22362	0	63161	91.1%	91.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	0	7	0	0	0	0	0	0	0	7	7
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	18	34	0	0	0	0	0	0	18	34	52
85+	18	87	0	0	0	0	0	0	18	87	105
TOTALS	44	138	0	0	0	0	0	0	44	138	182

DEKALB COUNTY REHAB & NURSING
2600 N. ANNIE GLIDDEN ROAD
DEKALB, IL. 60115

Classification Numbers

License Number	6015630	
Health Service Area	001	
Planning Service Area	037	DeKalb

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	83	0	0	74	0	182
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	83	0	0	74	0	182

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	178	0	0	0	178
Race Unknown	0	0	0	0	0
Total	182	0	0	0	182

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	182	0	0	0	182
Ethnicity Unknown	0	0	0	0	0
Total	182	0	0	0	182

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	6.00
Certified Aides	66.00
Other Health Staff	5.00
Non-Health Staff	66.00
Totals	175.00

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
27.2%	22.3%	0.0%	5.4%	45.0%	100.0%		
3,522,485	2,883,857	0	698,438	5,821,991	12,926,771	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DIAMONDVIEW
338 COUNTRY CLUB ROAD
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6013494
Health Service Area 005 Planning Service Area 121

Administrator
Cara Stallard

Contact Person and Telephone
JENNIFER PONTIOUS
618-532-9630

Date Completed
3/28/2014

Registered Agent Information
Bill Crain
623 E. Broadway
Centralia, IL 62801

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	3
Total Discharges 2013	4
Residents on 12/31/2013	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5271	90.3%	0	0	0	0	5271	90.3%	90.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5271	90.3%	0	0	0	0	5271	90.3%	90.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	5	0	0	1	5	6
45 to 59	0	0	0	0	3	1	0	0	3	1	4
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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	4	10	0	0	4	10	14

DIAMONDVIEW
338 COUNTRY CLUB ROAD
CENTRALIA, IL. 62801

Classification Numbers

License Number	6013494	
Health Service Area	005	
Planning Service Area	121	Marion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	122	122
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	14.25

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%	87.5%	0.0%	0.0%	12.5%	100.0%		
0	548,691	0	0	78,221	626,912	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DIVISION STREET HOME
317 WEST DIVISION STREET
AMBOY, IL. 61310

Reference Numbers Facility ID 6013643
Health Service Area 001 Planning Service Area 103

Administrator
Ron Heiderscheit

Contact Person and Telephone
Ron Heiderscheit
815-288-6691 ext. 269

Date Completed
4/1/2014

Registered Agent Information
Jeff Stauter
500 Anchor Road
Dixon, IL 61021

Building	Reported Age
Building 1 Division Group Home	21
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	6
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	1	4	0	0	1	4	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	2	4	0	0	2	4	6

DIVISION STREET HOME
317 WEST DIVISION STREET
AMBOY, IL. 61310

Classification Numbers

License Number	6013643	
Health Service Area	001	
Planning Service Area	103	Lee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	191	182
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	2	0	2
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	0.00
LPN's	0.25
Certified Aides	5.25
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	7.00

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
0.0%	11.6%	88.4%	0.0%	0.0%	100.0%		
0	46,181	351,392	0	0	397,573	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DIXON REHABILITATION & HEALTHCARE CENTE
800 DIVISION STREET
DIXON, IL. 61021

Reference Numbers Facility ID 6005276
Health Service Area 001 Planning Service Area 103

Administrator
Ryan Zank

Contact Person and Telephone
Ryan Zank
815-284-3393

Date Completed
5/21/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	83
Total Admissions 2013	208
Total Discharges 2013	206
Residents on 12/31/2013	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	10
Mental Illness	31
Developmental Disability	1
Circulatory System	7
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 31

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	97	97	85	97	85	12	97	97
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	97	97	85	97	85	12	97	97

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4007	11.3%	17704	50.0%	1194	415	5514	0	28834	81.4%	81.4%
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	4007	11.3%	17704	50.0%	1194	415	5514	0	28834	81.4%	81.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	8	9	0	0	0	0	0	0	8	9	17
75 to 84	13	17	0	0	0	0	0	0	13	17	30
85+	3	23	0	0	0	0	0	0	3	23	26
TOTALS	30	55	0	0	0	0	0	0	30	55	85

DIXON REHABILITATION & HEALTHCARE CENTE
800 DIVISION STREET
DIXON, IL. 61021

Classification Numbers

License Number	6005276	
Health Service Area	001	
Planning Service Area	103	Lee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	56	0	2	17	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	56	0	2	17	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	156
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	7.00
Totals	34.00

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
34.5%	48.3%	0.0%	2.9%	14.2%	100.0%		
1,794,636	2,511,905	0	152,392	736,605	5,195,538	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/9/2012	Change of Ownership occurred.

DOBSON PLAZA
120 DODGE AVENUE
EVANSTON, IL. 60202

Reference Numbers Facility ID 6002521
Health Service Area 007 Planning Service Area 702

Administrator
CHARLOTTE KOHN

Contact Person and Telephone
NANCY TAYLOR
847-869-7744

Date Completed
4/4/2014

Registered Agent Information

Building		Reported Age
Building 1	Dobson Plaza Nursing & Rehab	47
Building 2	3rd Floor addition	29
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	90
Total Admissions 2013	111
Total Discharges 2013	114
Residents on 12/31/2013	87

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	15
Blood Disorders	3
*Nervous System Non Alzheimer	2
Alzheimer Disease	27
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	18
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	87

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	97	97	96	97	87	10	97	97
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	97	97	96	97	87	10	97	97

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3071	8.7%	19454	54.9%	0	0	10054	0	32579	92.0%	92.0%
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	3071	8.7%	19454	54.9%	0	0	10054	0	32579	92.0%	92.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	7	14	0	0	0	0	0	0	7	14	21
85+	10	52	0	0	0	0	0	0	10	52	62
TOTALS	18	69	0	0	0	0	0	0	18	69	87

DOBSON PLAZA
120 DODGE AVENUE
EVANSTON, IL. 60202

Classification Numbers

License Number	6002521	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	51	0	0	30	0	87
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	51	0	0	30	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	87	0	0	0	87

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	4.00
Certified Aides	32.00
Other Health Staff	11.00
Non-Health Staff	12.00
Totals	84.00

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
25.1%	31.8%	0.0%	0.0%	43.2%	100.0%		
1,638,423	2,076,736	0	0	2,822,965	6,538,124	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DOCTORS NURSING & REHAB CENTER
1201 HAWTHORNE ROAD
SALEM, IL. 62881

Reference Numbers Facility ID 6002539
Health Service Area 005 Planning Service Area 121

Administrator
Kyle C. Moore

Contact Person and Telephone
MARILYN J. EAKER-ODell
618-548-4884

Date Completed
3/4/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	74
Total Admissions 2013	169
Total Discharges 2013	164
Residents on 12/31/2013	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	3
*Nervous System Non Alzheimer	7
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	26
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	109	90	109	79	41	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	109	90	109	79	41	120	120

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7160	16.3%	16518	37.7%	0	86	5063	0	28827	65.8%	72.5%
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	7160	16.3%	16518	37.7%	0	86	5063	0	28827	65.8%	72.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	2	0	0	0	0	0	0	1	2	3
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	11	10	0	0	0	0	0	0	11	10	21
85+	10	17	0	0	0	0	0	0	10	17	27
TOTALS	35	44	0	0	0	0	0	0	35	44	79

DOCTORS NURSING & REHAB CENTER
1201 HAWTHORNE ROAD
SALEM, IL. 62881

Classification Numbers

License Number	6002539	
Health Service Area	005	
Planning Service Area	121	Marion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	49	0	0	14	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	49	0	0	14	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	79	0	0	0	79
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	14.00
Certified Aides	42.00
Other Health Staff	5.00
Non-Health Staff	32.00
Totals	105.00

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
49.0%	39.5%	0.2%	0.5%	10.9%	100.0%		
3,379,843	2,726,237	13,929	32,177	749,605	6,901,791	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DOLTON COURT
644 SHERIDAN ROAD
DOLTON, IL. 60419

Reference Numbers Facility ID 6014013
Health Service Area 007 Planning Service Area 705

Administrator
Roberta Camacho

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Dolton Court	19
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	3
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	3

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	3
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	3

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	3	4	3	1		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	3	4	3	1	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			1095	75.0%	0	0	0	0	1095	75.0%	75.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1095	75.0%	0	0	0	0	1095	75.0%	75.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	1	0	0	2	1	3
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	2	1	0	0	2	1	3

DOLTON COURT
644 SHERIDAN ROAD
DOLTON, IL. 60419

Classification Numbers

License Number	6014013	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		3	0	0	0	0	3
Sheltered Care			0	0	0	0	0
TOTALS	0	3	0	0	0	0	3

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	248
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	1	0	1
Race Unknown	0	0	0	0	0
Total	0	0	3	0	3

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	2	0	2
Ethnicity Unknown	0	0	0	0	0
Total	0	0	3	0	3

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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	183,396	0	0	0	183,396	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DOLTON NURSING & REHABILITATION
14325 SOUTH BLACKSTONE
DOLTON, IL. 60419

Reference Numbers Facility ID 6002547
Health Service Area 007 Planning Service Area 705

Administrator
Moe Freedman

Contact Person and Telephone
Moe Freedman
708-849-5000

Date Completed
4/1/2014

Registered Agent Information
Fred Frankel
8131 N. Monticello
Skokie, IL 60076

Life Care Facility

Building	Reported Age
Building 1 dolton nursing and rehab	43
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	71
Total Admissions 2013	69
Total Discharges 2013	65
Residents on 12/31/2013	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	18
Mental Illness	8
Developmental Disability	0
Circulatory System	8
Respiratory System	12
Digestive System	6
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	78	78	78	75	5	80	80
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	78	78	78	75	5	80	80

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3603	12.3%	20099	68.8%	0	30	689	0	24421	83.6%	85.8%
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	3603	12.3%	20099	68.8%	0	30	689	0	24421	83.6%	85.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	7	3	0	0	0	0	0	0	7	3	10
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	9	13	0	0	0	0	0	0	9	13	22
85+	9	10	0	0	0	0	0	0	9	10	19
TOTALS	35	40	0	0	0	0	0	0	35	40	75

DOLTON NURSING & REHABILITATION
14325 SOUTH BLACKSTONE
DOLTON, IL. 60419

Classification Numbers

License Number	6002547	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	56	0	7	1	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	56	0	7	1	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	229	219
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	66	0	0	0	66
Hawaiian/Pacific Isl.	0	0	0	0	0
White	9	0	0	0	9
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	9	0	0	0	9
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	20.00
Certified Aides	32.00
Other Health Staff	5.00
Non-Health Staff	24.00
Totals	90.00

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
15.6%	76.6%	0.0%	4.1%	3.7%	100.0%		
633,767	3,110,905	0	166,312	150,364	4,061,348	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DOUGLAS NURSING & REHAB CENTER
3516 POWELL LANE
MATTOON, IL. 61938

Reference Numbers Facility ID 6002570
Health Service Area 004 Planning Service Area 029

Administrator
Cindy Lewton

Contact Person and Telephone
CINDY LEWTON
217-234-6401

Date Completed
3/27/2014

Registered Agent Information
Robert G. Hedges
1625 South 6th Street
Springfield, IL 62703

Building		Reported Age
Building 1	Douglas Nursing & Rehabilitatio	51
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	30
Total Admissions 2013	137
Total Discharges 2013	131
Residents on 12/31/2013	36

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	36

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	79	79	49	79	36	43	79	79
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	79	79	49	79	36	43	79	79

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3419	11.9%	9288	32.2%	0	55	2163	0	14925	51.8%	51.8%
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	3419	11.9%	9288	32.2%	0	55	2163	0	14925	51.8%	51.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	0	13	0	0	0	0	0	0	0	13	13
TOTALS	11	25	0	0	0	0	0	0	11	25	36

DOUGLAS NURSING & REHAB CENTER
3516 POWELL LANE
MATTOON, IL. 61938

Classification Numbers

License Number	6002570	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	24	0	1	6	0	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	24	0	1	6	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	36	0	0	0	36
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	19.00
Other Health Staff	3.00
Non-Health Staff	13.00
Totals	47.00

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
53.3%	37.2%	0.0%	0.3%	9.2%	100.0%		
1,732,664	1,209,233	0	10,482	297,844	3,250,223	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	12/11/2012	Formerly Douglas Rehabilitation & Care Center.

DOUGLAS TERRACE
324 EAST DOUGLAS AVENUE
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6012389
Health Service Area 003 Planning Service Area 137

Administrator
Suzanne McMillan

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Douglas Terrace	24
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	9
Total Discharges 2013	10
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4415	75.6%	0	0	0	0	4415	75.6%	75.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4415	75.6%	0	0	0	0	4415	75.6%	75.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	3	0	0	5	3	8
45 to 59	0	0	0	0	3	1	0	0	3	1	4
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	2	0	0	0	2	0	2
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	11	4	0	0	11	4	15

DOUGLAS TERRACE
324 EAST DOUGLAS AVENUE
JACKSONVILLE, IL. 62650

Classification Numbers

License Number	6012389	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	113
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	521,412	0	0	0	521,412	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

DUPAGE CONVALESCENT CENTER
400 NORTH COUNTY FARM ROAD
WHEATON, IL. 60187

Reference Numbers Facility ID 6002612
Health Service Area 007 Planning Service Area 703

Administrator
Jennifer Ulmer

Contact Person and Telephone
BARBARA HYDE
630-784-4201

Date Completed
4/3/2014

Registered Agent Information
Daniel J. Cronin, DuPage County Board
421 North County Farm Road
Wheaton, IL 60187

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	64
Alzheimer Disease	52
Mental Illness	24
Developmental Disability	1
Circulatory System	60
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	28
Injuries and Poisonings	12
Other Medical Conditions	57
Non-Medical Conditions	0
TOTALS	321

Total Residents Diagnosed as Mentally Ill 220

Total Residents Reported as Identified Offenders 2

Building		Reported Age
Building 1	Center Building	66
Building 2	South Building	49
Building 3	North Building	37
Building 4	East Building	20
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	326
Total Admissions 2013	273
Total Discharges 2013	278
Residents on 12/31/2013	321

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	368	335	329	335	321	47	368	368
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	368	335	329	335	321	47	368	368

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7719	5.7%	83159	61.9%	0	0	26179	0	117057	87.1%	95.7%
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	7719	5.7%	83159	61.9%	0	0	26179	0	117057	87.1%	95.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	4	0	0	0	0	0	0	12	4	16
45 to 59	21	15	0	0	0	0	0	0	21	15	36
60 to 64	6	11	0	0	0	0	0	0	6	11	17
65 to 74	22	25	0	0	0	0	0	0	22	25	47
75 to 84	31	42	0	0	0	0	0	0	31	42	73
85+	34	98	0	0	0	0	0	0	34	98	132
TOTALS	126	195	0	0	0	0	0	0	126	195	321

DUPAGE CONVALESCENT CENTER
400 NORTH COUNTY FARM ROAD
WHEATON, IL. 60187

Classification Numbers

License Number	6002612	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	207	0	0	90	0	321
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	207	0	0	90	0	321

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	260	260
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	10	0	0	0	10
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	292	0	0	0	292
Race Unknown	12	0	0	0	12
Total	321	0	0	0	321

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	309	0	0	0	309
Ethnicity Unknown	0	0	0	0	0
Total	321	0	0	0	321

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	67.00
LPN's	16.80
Certified Aides	160.00
Other Health Staff	36.20
Non-Health Staff	144.40
Totals	428.40

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
19.1%	45.0%	0.0%	0.0%	35.9%	100.0%		
5,548,150	13,075,774	0	0	10,426,774	29,050,698	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	2/9/2012	Discontinued 140 Nursing Care beds. Facility now has 368 Nursing Care beds.

DYBALL SUNSHINE HOUSE
1062 County Hwy 1 P.O. BOX 176
FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6002620
Health Service Area 005 Planning Service Area 191

Administrator
Bridget P. McDonagh

Contact Person and Telephone
BRIDGET P. 'PAT' MCDONAGH
618-237-2353

Date Completed
3/25/2014

Registered Agent Information

Building		Reported Age
Building 1	Dyball Sunshine Home	27
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	1
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	1

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	15	15	15	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	15	15	15	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5387	92.2%	0	0	0	0	5387	92.2%	98.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5387	92.2%	0	0	0	0	5387	92.2%	98.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	2	0	2
45 to 59	0	0	0	0	1	6	0	0	1	6	7
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	2	1	0	0	2	1	3
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	9	0	0	6	9	15

DYBALL SUNSHINE HOUSE
1062 County Hwy 1 P.O. BOX 176
FAIRFIELD, IL. 62837

Classification Numbers

License Number	6002620	
Health Service Area	005	
Planning Service Area	191	Wayne

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	112	111
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	0.00
LPN's	0.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	16.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	5,387	0	0	0	5,387	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EAGLE COURT
1890 EAST EAGLE STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013882
Health Service Area 009 Planning Service Area 091

Administrator
Jennifer Allsopp

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Eagle Court	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	6
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			2069	94.5%	0	0	0	0	2069	94.5%	94.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2069	94.5%	0	0	0	0	2069	94.5%	94.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	1	0	0	0	1	1
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	4	2	0	0	4	2	6

EAGLE COURT
1890 EAST EAGLE STREET
KANKAKEE, IL. 60901

Classification Numbers

License Number	6013882	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	183
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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	391,635	0	0	0	391,635	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EAST BANK CENTER, LLC.
6131 PARK RIDGE ROAD
LOVES PARK, IL. 61111

Reference Numbers Facility ID 6003222
Health Service Area 001 Planning Service Area 201

Administrator
Renee Woods

Contact Person and Telephone
RENEE WOODS
815-633-6810

Date Completed
3/25/2014

Registered Agent Information
Michael Hovde
107 53rd Street
Bloomingdale, IL 60108

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	35
Total Admissions 2013	559
Total Discharges 2013	555
Residents on 12/31/2013	39

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	12
Injuries and Poisonings	9
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	39

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	54	42	42	42	39	15	54	10
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	54	42	42	42	39	15	54	10

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9093	46.1%	19	0.5%	0	3025	227	0	12364	62.7%	80.7%
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	9093	46.1%	19	0.5%	0	3025	227	0	12364	62.7%	80.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	7	5	0	0	0	0	0	0	7	5	12
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	16	23	0	0	0	0	0	0	16	23	39

EAST BANK CENTER, LLC.
6131 PARK RIDGE ROAD
LOVES PARK, IL. 61111

Classification Numbers

License Number	6003222	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	0	0	8	2	0	39
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	0	0	8	2	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	300
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	39	0	0	0	39

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	39	0	0	0	39
Ethnicity Unknown	0	0	0	0	0
Total	39	0	0	0	39

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	8.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	52.00

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
73.3%	0.1%	0.0%	25.5%	1.2%	100.0%		
4,457,655	3,895	644	1,548,525	72,418	6,083,137	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EAST SIDE TERRACE
3850 EAST FULTON
DECATUR, IL. 62521

Reference Numbers Facility ID 6012926
Health Service Area 004 Planning Service Area 115

Administrator
Pam Rosenkranz

Contact Person and Telephone
ANNA BRACKENBUSH
217-422-4725

Date Completed
4/2/2014

Registered Agent Information
E ROBERT ANDERSON
1204 N MAIN, PO BOX 10
Paris, IL 61944

Building	Reported Age
Building 1 EAST SIDE TERRACE	22
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	0
Total Discharges 2013	2
Residents on 12/31/2013	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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	13

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	15	15	15	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	15	15	15	13	3	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5301	90.8%	0	0	0	0	5301	90.8%	96.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5301	90.8%	0	0	0	0	5301	90.8%	96.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	8	0	0	0	8	0	8
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	1	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	0	0	0	0	13	0	0	0	13	0	13

EAST SIDE TERRACE
3850 EAST FULTON
DECATUR, IL. 62521

Classification Numbers

License Number	6012926	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	117	117
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.13
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.19
LPN's	0.00
Certified Aides	5.89
Other Health Staff	1.00
Non-Health Staff	0.41
Totals	7.62

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%	83.1%	0.0%	0.0%	16.9%	100.0%		
0	518,543	0	0	105,700	624,243	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EASTERN STAR HOME
9890 STAR LANE PO BOX 317
MACON, IL. 62544

Reference Numbers Facility ID 6002653
Health Service Area 004 Planning Service Area 115

Administrator
CARLA J. BECK

Contact Person and Telephone
CARLA J. BECK
217-764-3348

Date Completed
3/18/2014

Registered Agent Information
Damon Stotts
9894 Star Lane, P.O. Box317
Macon, IL 62544

Life Care Facility

Building	Reported Age
Building 1 Eastern Star Home	123
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	24
Total Admissions 2013	8
Total Discharges 2013	4
Residents on 12/31/2013	28

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	28

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	48	48	23	48	23	25	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	16	5	16	5	-5		
TOTAL BEDS	48	64	28	64	28	20	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	8395	0	8395	47.9%	47.9%
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	1825	0	1825	0.0%	31.3%
TOTALS	0	0.0%	0	0.0%	0	0	10220	0	10220	58.3%	43.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	0	4	0	0	0	0	0	1	0	5	5
85+	0	17	0	0	0	0	0	4	0	21	21
TOTALS	0	23	0	0	0	0	0	5	0	28	28

EASTERN STAR HOME
9890 STAR LANE PO BOX 317
MACON, IL. 62544

Classification Numbers

License Number	6002653	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	23	0	23
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	5	0	5
TOTALS	0	0	0	0	28	0	28

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	100	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	23	0	0	5	28
Race Unknown	0	0	0	0	0
Total	23	0	0	5	28

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	23	0	0	5	28
Ethnicity Unknown	0	0	0	0	0
Total	23	0	0	5	28

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	44.00

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	590,506	590,506	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EASTSIDE HEALTH & REHAB CENTER
1400 EAST WASHINGTON
PITTSFIELD, IL. 62363

Reference Numbers Facility ID 6007025
Health Service Area 003 Planning Service Area 013

Administrator
Jerri S. Springer

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/26/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Eastside RHCC/Nursing Home	50
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	56
Total Admissions 2013	86
Total Discharges 2013	80
Residents on 12/31/2013	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	13
Developmental Disability	0
Circulatory System	23
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	92	92	70	83	62	30	92	92
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	92	92	70	83	62	30	92	92

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3464	10.3%	13416	40.0%	347	317	4456	0	22000	65.5%	65.5%
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	3464	10.3%	13416	40.0%	347	317	4456	0	22000	65.5%	65.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	4	0	0	0	0	0	0	2	4	6
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	3	15	0	0	0	0	0	0	3	15	18
85+	5	24	0	0	0	0	0	0	5	24	29
TOTALS	13	49	0	0	0	0	0	0	13	49	62

EASTSIDE HEALTH & REHAB CENTER
1400 EAST WASHINGTON
PITTSFIELD, IL. 62363

Classification Numbers

License Number	6007025	
Health Service Area	003	
Planning Service Area	013	Calhoun/Pike

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	41	2	0	12	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	41	2	0	12	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	10.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	15.00
Totals	53.00

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
41.5%	39.2%	0.0%	1.8%	17.4%	100.0%		
1,637,161	1,547,859	0	72,741	686,324	3,944,085	785	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EASTVIEW TERRACE
EAST VIEW PLACE
SULLIVAN, IL. 61951

Reference Numbers Facility ID 6009237
Health Service Area 004 Planning Service Area 139

Administrator
Lenda Johnson

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/26/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Eastview Terrace/Nursing Home	69
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	36
Total Admissions 2013	37
Total Discharges 2013	24
Residents on 12/31/2013	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	37
Mental Illness	0
Developmental Disability	3
Circulatory System	0
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	63	57	50	57	49	14	63	63
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	63	57	50	57	49	14	63	63

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	811	3.5%	10696	46.5%	132	0	3125	0	14764	64.2%	71.0%
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	811	3.5%	10696	46.5%	132	0	3125	0	14764	64.2%	71.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	1	4	0	0	0	0	0	0	1	4	5
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	5	14	0	0	0	0	0	0	5	14	19
85+	2	11	0	0	0	0	0	0	2	11	13
TOTALS	13	36	0	0	0	0	0	0	13	36	49

EASTVIEW TERRACE
EAST VIEW PLACE
SULLIVAN, IL. 61951

Classification Numbers

License Number	6009237	
Health Service Area	004	
Planning Service Area	139	Moultrie

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	34	1	0	9	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	34	1	0	9	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	7.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	30.00

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
16.4%	64.2%	0.0%	0.0%	19.4%	100.0%		
328,837	1,289,725	0	0	389,613	2,008,175	9,869	0.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EDEN VILLAGE CARE CENTER
400 SOUTH STATION ROAD
GLEN CARBON, IL. 62034

Reference Numbers Facility ID 6002679
Health Service Area 011 Planning Service Area 119

Administrator
Beth Breihan

Contact Person and Telephone
BETH BREIHAN

Date Completed
4/3/2014

Registered Agent Information
Elizabeth Breihan
400 South Station Road
Glen Carbon, IL 62034

Continuing Care Retirement Community

Building		Reported Age
Building 1	Nursing Home	35
Building 2	Loft apartments	30
Building 3	Suite apartments	8
Building 4	Garden Home	30
Building 5		0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	101
Total Admissions 2013	242
Total Discharges 2013	248
Residents on 12/31/2013	95

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	6
*Nervous System Non Alzheimer	11
Alzheimer Disease	21
Mental Illness	11
Developmental Disability	1
Circulatory System	10
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	128	128	108	128	95	33	128	105
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	128	128	108	128	95	33	128	105

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5832	12.5%	9543	24.9%	0	0	20709	640	36724	78.6%	78.6%
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	5832	12.5%	9543	24.9%	0	0	20709	640	36724	78.6%	78.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	7	21	0	0	0	0	0	0	7	21	28
85+	18	36	0	0	0	0	0	0	18	36	54
TOTALS	32	63	0	0	0	0	0	0	32	63	95

EDEN VILLAGE CARE CENTER
400 SOUTH STATION ROAD
GLEN CARBON, IL. 62034

Classification Numbers

License Number	6002679	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	19	0	0	63	1	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	19	0	0	63	1	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	259	183
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	11.00
Certified Aides	42.00
Other Health Staff	33.00
Non-Health Staff	54.00
Totals	147.00

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
20.4%	8.1%	0.0%	0.0%	71.5%	100.0%		
2,530,861	1,009,968	0	0	8,890,506	12,431,335	121,621	1.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EDWARDSVILLE NSG & REHAB CTR.
401 ST. MARY'S DRIVE
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6002729
Health Service Area 011 Planning Service Area 119

Administrator
BRIAN KOONTZ

Contact Person and Telephone
BRIAN KOONTZ
618-692-1330

Date Completed
3/25/2014

Registered Agent Information
Lawrence Schwartz
7366 North Lincoln Ave
Liincolnwood, IL 60712

Building		Reported Age
Building 1	Main Building with 4 Halls attach	29
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	91
Total Admissions 2013	208
Total Discharges 2013	211
Residents on 12/31/2013	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	1
Circulatory System	12
Respiratory System	14
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	24
Injuries and Poisonings	8
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 16

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	116	102	112	88	32	32	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	116	102	112	88	32	32	120

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2740	23.5%	22698	51.8%	0	2937	5479	0	33854	77.3%	80.0%
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	2740	23.5%	22698	51.8%	0	2937	5479	0	33854	77.3%	80.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	4	8	0	0	0	0	0	0	4	8	12
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	8	23	0	0	0	0	0	0	8	23	31
85+	5	21	0	0	0	0	0	0	5	21	26
TOTALS	26	62	0	0	0	0	0	0	26	62	88

EDWARDSVILLE NSG & REHAB CTR.
401 ST. MARY'S DRIVE
EDWARDSVILLE, IL. 62025

Classification Numbers

License Number	6002729	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	67	0	1	11	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	67	0	1	11	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.33
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	16.00
Certified Aides	38.00
Other Health Staff	5.00
Non-Health Staff	40.00
Totals	110.33

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
25.0%	57.9%	0.0%	3.8%	13.4%	100.0%		
1,266,809	2,932,094	0	191,444	677,477	5,067,824	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EDWARDSVILLE TERRACE
808 SOUTHWEST PLACE
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6013783
Health Service Area 011 Planning Service Area 119

Administrator
Angela Wiley

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Edwardsville Terrace	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5110	87.5%	0	0	365	0	5475	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	87.5%	0	0	365	0	5475	93.8%	93.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	5	0	0	5	5	10
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	1	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	0	0	0	0	9	6	0	0	9	6	15

EDWARDSVILLE TERRACE
808 SOUTHWEST PLACE
EDWARDSVILLE, IL. 62025

Classification Numbers

License Number	6013783	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	1	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	1	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	130
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	83.4%	0.0%	0.0%	16.6%	100.0%		
0	617,502	0	0	122,546	740,048	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EFFINGHAM REHAB & HEALTH CARE CTR
1610 NORTH LAKEWOOD DRIVE
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6009559
Health Service Area 005 Planning Service Area 049

Administrator
Shirley Acree

Contact Person and Telephone
Marikay Snyder
217-347-7781

Date Completed
4/4/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Effingham RHCC/Nursing Home	48
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	37
Total Admissions 2013	62
Total Discharges 2013	65
Residents on 12/31/2013	34

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	5
Developmental Disability	0
Circulatory System	3
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	34

Total Residents Diagnosed as Mentally Ill 24

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	62	56	43	54	34	28	16	62
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	62	56	43	54	34	28	16	62

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1447	24.8%	8500	37.6%	60	302	3361	0	13670	60.4%	66.9%
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	1447	24.8%	8500	37.6%	60	302	3361	0	13670	60.4%	66.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	6	6	0	0	0	0	0	0	6	6	12
TOTALS	14	20	0	0	0	0	0	0	14	20	34

EFFINGHAM REHAB & HEALTH CARE CTR
1610 NORTH LAKEWOOD DRIVE
EFFINGHAM, IL. 62401

Classification Numbers

License Number	6009559	
Health Service Area	005	
Planning Service Area	049	Effingham

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	22	0	1	8	0	34
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	22	0	1	8	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	34	0	0	0	34

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	34	0	0	0	34
Ethnicity Unknown	0	0	0	0	0
Total	34	0	0	0	34

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	2.00
Certified Aides	12.00
Other Health Staff	3.00
Non-Health Staff	12.00
Totals	36.00

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
32.8%	44.8%	0.0%	2.9%	19.5%	100.0%		
672,734	919,816	0	59,169	400,088	2,051,807	12,455	0.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EFFINGHAM TERRACE
1101 SOUTH 3RD STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6002737
Health Service Area 005 Planning Service Area 049

Administrator
Kathy Bruce

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Effingham Terrace	26
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	2
Total Discharges 2013	1
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	8	0	0	2	8	10
45 to 59	0	0	0	0	4	2	0	0	4	2	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	6	10	0	0	6	10	16

EFFINGHAM TERRACE
1101 SOUTH 3RD STREET
EFFINGHAM, IL. 62401

Classification Numbers

License Number	6002737	
Health Service Area	005	
Planning Service Area	049	Effingham

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	1	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	1	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	107
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	72.4%	3.5%	0.0%	24.1%	100.0%		
0	419,504	20,431	0	139,659	579,594	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EISENHOWER TERRACE
#2 EISENHOWER DRIVE
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013692
Health Service Area 003 Planning Service Area 137

Administrator
Suzanne McMillan

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Eisenhower Terrace	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	2
Total Discharges 2013	9
Residents on 12/31/2013	8

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	8
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	8

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	8	16	16	8	8	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	8	16	16	8	8	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4597	78.7%	0	0	0	0	4597	157.4%	78.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4597	78.7%	0	0	0	0	4597	157.4%	78.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	2	0	2
45 to 59	0	0	0	0	2	4	0	0	2	4	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	4	4	0	0	4	4	8

EISENHOWER TERRACE
#2 EISENHOWER DRIVE
JACKSONVILLE, IL. 62650

Classification Numbers

License Number	6013692	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		8	0	0	0	0	8
Sheltered Care			0	0	0	0	0
TOTALS	0	8	0	0	0	0	8

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	125
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	8	0	8

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	7	0	7
Ethnicity Unknown	0	0	0	0	0
Total	0	0	8	0	8

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	709,589	0	0	0	709,589	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EL PASO HEALTHCARE CENTER
850 EAST SECOND STREET
EL PASO, IL. 61738

Reference Numbers Facility ID 6002745
Health Service Area 002 Planning Service Area 203

Administrator
Deborah Vege

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/4/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	El Paso Health Care Center/Nur	40
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	109
Total Admissions 2013	110
Total Discharges 2013	102
Residents on 12/31/2013	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	115
Developmental Disability	0
Circulatory System	0
Respiratory System	1
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	117

Total Residents Diagnosed as Mentally Ill 115

Total Residents Reported as Identified Offenders 16

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	123	123	123	123	117	6	0	123
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	123	123	123	123	117	6	0	123

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1415	0.0%	37539	83.6%	1136	0	928	0	41018	91.4%	91.4%
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	1415	0.0%	37539	83.6%	1136	0	928	0	41018	91.4%	91.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	17	7	0	0	0	0	0	0	17	7	24
45 to 59	18	25	0	0	0	0	0	0	18	25	43
60 to 64	12	11	0	0	0	0	0	0	12	11	23
65 to 74	11	5	0	0	0	0	0	0	11	5	16
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	63	54	0	0	0	0	0	0	63	54	117

EL PASO HEALTHCARE CENTER
850 EAST SECOND STREET
EL PASO, IL. 61738

Classification Numbers

License Number	6002745	
Health Service Area	002	
Planning Service Area	203	Woodford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	98	12	0	3	0	117
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	98	12	0	3	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	9.00
Certified Aides	22.00
Other Health Staff	3.00
Non-Health Staff	39.00
Totals	79.00

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
15.3%	76.4%	6.6%	0.0%	1.7%	100.0%		
765,407	3,835,720	330,394	0	86,703	5,018,224	215	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EL VALOR RESIDENCE
1931 WEST 19TH STREET
CHICAGO, IL. 60608

Reference Numbers Facility ID 6002752
Health Service Area 006 Planning Service Area 602

Administrator
CARLOS a. RODRIGUEZ

Contact Person and Telephone
CARLOS A. RODRIGUEZ
312-492-5943

Date Completed
3/21/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
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-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
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	11

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	11
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	11

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	11	12	11	1		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	11	12	11	1	0	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4015	91.7%	0	0	0	0	4015	91.7%	91.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4015	91.7%	0	0	0	0	4015	91.7%	91.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	0	0	0	3	0	3
45 to 59	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	7	4	0	0	7	4	11

EL VALOR RESIDENCE
1931 WEST 19TH STREET
CHICAGO, IL. 60608

Classification Numbers

License Number	6002752	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	5	0	5
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	5	0	5
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	7.00
Other Health Staff	1.00
Non-Health Staff	2.50
Totals	12.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	11	0	0	0	11	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ELIZABETH NURSING HOME
540 PLEASANT STREET
ELIZABETH, IL. 61028

Reference Numbers Facility ID 6002810
Health Service Area 001 Planning Service Area 085

Administrator
Karen Wilson

Contact Person and Telephone
KAREN WILSON
815-858-2275 ext. 6

Date Completed
4/4/2014

Registered Agent Information

Continuing Care Retirement Community

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	32
Total Admissions 2013	31
Total Discharges 2013	28
Residents on 12/31/2013	35

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	17
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	35

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	49	39	49	35	14	0	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	49	49	39	49	35	14	0	49

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	5824	32.6%	0	0	7164	0	12988	72.6%	72.6%
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	0	0.0%	5824	32.6%	0	0	7164	0	12988	72.6%	72.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	3	3	0	0	0	0	0	0	3	3	6
85+	6	22	0	0	0	0	0	0	6	22	28
TOTALS	10	25	0	0	0	0	0	0	10	25	35

ELIZABETH NURSING HOME
540 PLEASANT STREET
ELIZABETH, IL. 61028

Classification Numbers

License Number	6002810	
Health Service Area	001	
Planning Service Area	085	Jo Daviess

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	14	0	0	21	0	35
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	21	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	178
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	35	0	0	0	35

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	0	35
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	0	35

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	2.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	16.00

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
0.0%	35.0%	0.0%	0.0%	65.0%	100.0%		
0	590,978	0	0	1,099,093	1,690,071	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ELLNER TERRACE
801 MARKET STREET
EVANSVILLE, IL. 62242

Reference Numbers Facility ID 6010409
Health Service Area 005 Planning Service Area 157

Administrator
Karla Rogers

Contact Person and Telephone
Jessica Rosales
708-283-1530

Date Completed
3/25/2014

Registered Agent Information
John Mirecki
3615 Park Dr. Suite 100
Olympia Fields, IL 60461

Building	Reported Age
Building 1 Ellner Terrace	33
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5630	96.4%	0	0	0	0	5630	96.4%	96.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5630	96.4%	0	0	0	0	5630	96.4%	96.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	2	0	0	2	2	4
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	2	2	0	0	2	2	4
65 to 74	0	0	0	0	2	2	0	0	2	2	4
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	7	8	0	0	7	8	15

ELLNER TERRACE
801 MARKET STREET
EVANSVILLE, IL. 62242

Classification Numbers

License Number	6010409	
Health Service Area	005	
Planning Service Area	157	Randolph

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	121	111
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	9.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	504,606	0	0	0	504,606	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ELMBROOK NURSING
127 WEST DIVERSEY AVENUE
ELMHURST, IL. 60126

Reference Numbers Facility ID 6010144
Health Service Area 007 Planning Service Area 703

Administrator
Mark Murphey

Contact Person and Telephone
Melanie Margate
630-530-5225

Date Completed
3/27/2014

Registered Agent Information

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	20
Blood Disorders	1
*Nervous System Non Alzheimer	20
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	35
Respiratory System	29
Digestive System	0
Genitourinary System Disorders	12
Skin Disorders	4
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	164

Total Residents Diagnosed as Mentally Ill 0

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	151
Total Admissions 2013	262
Total Discharges 2013	249
Residents on 12/31/2013	164

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	180	180	168	180	164	16	117	180
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	180	180	168	180	164	16	117	180

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10556	24.7%	41498	63.2%	0	1509	5028	0	58591	89.2%	89.2%
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	10556	24.7%	41498	63.2%	0	1509	5028	0	58591	89.2%	89.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	12	14	0	0	0	0	0	0	12	14	26
75 to 84	26	25	0	0	0	0	0	0	26	25	51
85+	20	55	0	0	0	0	0	0	20	55	75
TOTALS	64	100	0	0	0	0	0	0	64	100	164

ELMBROOK NURSING
127 WEST DIVERSEY AVENUE
ELMHURST, IL. 60126

Classification Numbers

License Number	6010144	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	119	0	0	18	0	164
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	119	0	0	18	0	164

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	208
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	21	0	0	0	21
Hawaiian/Pacific Isl.	0	0	0	0	0
White	141	0	0	0	141
Race Unknown	0	0	0	0	0
Total	164	0	0	0	164

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	23	0	0	0	23
Non-Hispanic	141	0	0	0	141
Ethnicity Unknown	0	0	0	0	0
Total	164	0	0	0	164

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	21.00
Certified Aides	67.00
Other Health Staff	31.00
Non-Health Staff	23.00
Totals	159.00

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
42.8%	47.5%	0.0%	2.6%	7.1%	100.0%		
5,959,603	6,614,117	0	362,086	993,604	13,929,410	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ELMHURST EXTENDED CARE CENTER
200 EAST LAKE STREET
ELMHURST, IL. 60126

Reference Numbers Facility ID 6002828
Health Service Area 007 Planning Service Area 703

Administrator
Love Dave

Contact Person and Telephone
Love Dave
630-516-5000

Date Completed
4/1/2014

Registered Agent Information
Keith Goldberg, Attorney at Law
1701 E. Lake Ave., #255
Glenview, IL 60025

Building		Reported Age
Building 1	1 West Unit	54
Building 2	1 East and 2 East Units	39
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	67
Total Admissions 2013	186
Total Discharges 2013	174
Residents on 12/31/2013	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 52

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	108	104	82	80	79	29	39	22
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	108	104	82	80	79	29	39	22

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5716	40.2%	3701	46.1%	0	520	17217	0	27154	68.9%	71.5%
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	5716	40.2%	3701	46.1%	0	520	17217	0	27154	68.9%	71.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	12	44	0	0	0	0	0	0	12	44	56
TOTALS	22	57	0	0	0	0	0	0	22	57	79

ELMHURST EXTENDED CARE CENTER
200 EAST LAKE STREET
ELMHURST, IL. 60126

Classification Numbers

License Number	6002828	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	11	0	0	51	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	11	0	0	51	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	234	202
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	7.00
Certified Aides	38.00
Other Health Staff	19.00
Non-Health Staff	17.00
Totals	93.00

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
38.2%	7.1%	0.0%	3.5%	51.2%	100.0%		
2,711,255	505,787	0	244,790	3,627,183	7,089,015	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ELMWOOD CARE
7733 GRAND AVENUE
ELMWOOD PARK, IL. 60707

Reference Numbers Facility ID 6008270
Health Service Area 007 Planning Service Area 704

Administrator
Colleen Rodney Swanson

Contact Person and Telephone
COLLEEN RODNEY SWANSON
708-452-9200

Date Completed
4/3/2014

Registered Agent Information
Tom Winter
6840 North Lincoln Avenue
Liincolnwood, IL 60712

Life Care Facility

Building	Reported Age
Building 1 Elmwood Care Center	39
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	198
Total Admissions 2013	209
Total Discharges 2013	227
Residents on 12/31/2013	180

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	5
Mental Illness	24
Developmental Disability	0
Circulatory System	31
Respiratory System	55
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	180

Total Residents Diagnosed as Mentally Ill 68

Total Residents Reported as Identified Offenders 11

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	245	245	209	245	180	65	245	245
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	245	245	209	245	180	65	245	245

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8069	9.0%	64317	71.9%	1350	665	2986	0	77387	86.5%	86.5%
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	8069	9.0%	64317	71.9%	1350	665	2986	0	77387	86.5%	86.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	15	1	0	0	0	0	0	0	15	1	16
45 to 59	16	18	0	0	0	0	0	0	16	18	34
60 to 64	17	16	0	0	0	0	0	0	17	16	33
65 to 74	26	20	0	0	0	0	0	0	26	20	46
75 to 84	16	17	0	0	0	0	0	0	16	17	33
85+	5	13	0	0	0	0	0	0	5	13	18
TOTALS	95	85	0	0	0	0	0	0	95	85	180

ELMWOOD CARE
7733 GRAND AVENUE
ELMWOOD PARK, IL. 60707

Classification Numbers

License Number	6008270	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	148	3	2	6	0	180
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	148	3	2	6	0	180

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	500	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	51	0	0	0	51
Hawaiian/Pacific Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	22	0	0	0	22
Total	180	0	0	0	180

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	22	0	0	0	22
Non-Hispanic	158	0	0	0	158
Ethnicity Unknown	0	0	0	0	0
Total	180	0	0	0	180

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	22.00
Certified Aides	59.00
Other Health Staff	21.00
Non-Health Staff	64.00
Totals	187.00

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
27.5%	64.0%	1.6%	3.5%	3.4%	100.0%		
4,645,926	10,836,042	269,591	584,495	583,298	16,919,352	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ELMWOOD NRSG. & REHAB CENTER
152 WILMA DRIVE
MARYVILLE, IL. 62062

Reference Numbers Facility ID 6005961
Health Service Area 011 Planning Service Area 119

Administrator
Sherri Rudd

Contact Person and Telephone
SHERRI RUDD

Registered Agent Information **Date Completed** 4/21/2014

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	47
Total Admissions 2013	55
Total Discharges 2013	33
Residents on 12/31/2013	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	44
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	104	104	70	104	69	35	13	104
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	104	104	70	104	69	35	13	104

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2023	42.6%	14724	38.8%	1946	339	2317	0	21349	56.2%	56.2%
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	2023	42.6%	14724	38.8%	1946	339	2317	0	21349	56.2%	56.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	6	4	0	0	0	0	0	0	6	4	10
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	7	11	0	0	0	0	0	0	7	11	18
TOTALS	32	37	0	0	0	0	0	0	32	37	69

ELMWOOD NRSG. & REHAB CENTER
152 WILMA DRIVE
MARYVILLE, IL. 62062

Classification Numbers

License Number	6005961	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	47	8	0	7	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	47	8	0	7	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	39.00
Totals	68.00

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
26.7%	57.7%	6.6%	0.7%	8.3%	100.0%		
929,099	2,012,319	228,815	25,723	289,166	3,485,122	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ELMWOOD TERRACE HEALTHCARE CTR
1017 WEST GALENA BOULEVARD
AURORA, IL. 60506

Reference Numbers Facility ID 6002844
Health Service Area 008 Planning Service Area 089

Administrator
CATHY WOOD

Contact Person and Telephone
CATHY WOOD
630-897-3100

Date Completed
4/3/2014

Registered Agent Information

Building		Reported Age
Building 1	elmwood terrace 1and part 2 sto	48
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	53
Total Admissions 2013	39
Total Discharges 2013	46
Residents on 12/31/2013	46

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	20
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	0
Circulatory System	2
Respiratory System	22
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	53

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	68	68	53	68	53	15	68	68
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	68	68	53	68	53	15	68	68

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3234	13.0%	16909	68.1%	0	0	541	0	20684	83.3%	83.3%
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	3234	13.0%	16909	68.1%	0	0	541	0	20684	83.3%	83.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	6	5	0	0	0	0	0	0	6	5	11
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	3	11	0	0	0	0	0	0	3	11	14
75 to 84	6	7	0	0	0	0	0	0	6	7	13
85+	2	8	0	0	0	0	0	0	2	8	10
TOTALS	19	34	0	0	0	0	0	0	19	34	53

ELMWOOD TERRACE HEALTHCARE CTR
1017 WEST GALENA BOULEVARD
AURORA, IL. 60506

Classification Numbers

License Number	6002844	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	42	0	0	2	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	42	0	0	2	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	360	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	44	0	0	0	44
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	8.00
Certified Aides	26.00
Other Health Staff	4.00
Non-Health Staff	24.00
Totals	75.00

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
30.4%	67.1%	0.0%	0.0%	2.5%	100.0%		
1,183,759	2,615,394	0	0	97,380	3,896,533	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ELSTON NURSING & REHAB CENTER
4340 N. KEYSTONE AVE.
CHICAGO, IL. 60641

Reference Numbers Facility ID 6002851
Health Service Area 006 Planning Service Area 601

Administrator
ANTOINETTE BEEDON

Contact Person and Telephone
ANTOINETTE BEEDON
773-545-8700

Date Completed
4/4/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	8
Mental Illness	2
Developmental Disability	0
Circulatory System	14
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	55
Non-Medical Conditions	0
TOTALS	106

Total Residents Diagnosed as Mentally Ill 65

Total Residents Reported as Identified Offenders 5

Building		Reported Age
Building 1	GlenElston Nursing & Rehab Ce	60
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	105
Total Admissions 2013	126
Total Discharges 2013	89
Residents on 12/31/2013	142

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	117	117	108	117	106	11	0	117
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	117	117	108	117	106	11	0	117

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1725	0.0%	34118	79.9%	377	686	806	0	37712	88.3%	88.3%
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	1725	0.0%	34118	79.9%	377	686	806	0	37712	88.3%	88.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	15	9	0	0	0	0	0	0	15	9	24
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	11	9	0	0	0	0	0	0	11	9	20
75 to 84	10	20	0	0	0	0	0	0	10	20	30
85+	7	13	0	0	0	0	0	0	7	13	20
TOTALS	49	57	0	0	0	0	0	0	49	57	106

ELSTON NURSING & REHAB CENTER
4340 N. KEYSTONE AVE.
CHICAGO, IL. 60641

Classification Numbers

License Number	6002851	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	97	0	2	2	0	106
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	97	0	2	2	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	26	0	0	0	26
Total	106	0	0	0	106

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	24	0	0	0	24
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	1	0	0	0	1
Total	106	0	0	0	106

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	7.00
Certified Aides	31.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	87.00

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
12.2%	83.2%	1.1%	1.4%	2.2%	100.0%		
738,349	5,050,559	65,398	85,454	132,990	6,072,750	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EMERALD ESTATES
1577 EAST MYRTLE PO BOX 232
CANTON, IL. 61520

Reference Numbers Facility ID 6011787
Health Service Area 002 Planning Service Area 057

Administrator
Lora Dillman

Contact Person and Telephone
MARCIA ROSE
309-647-6604

Date Completed
2/27/2014

Registered Agent Information

Building	Reported Age
Building 1 Emerald Estates	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	3
Total Discharges 2013	3
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	4	0	0	2	4	6
45 to 59	0	0	0	0	5	2	0	0	5	2	7
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	8	8	0	0	8	8	16

EMERALD ESTATES
1577 EAST MYRTLE PO BOX 232
CANTON, IL. 61520

Classification Numbers

License Number	6011787	
Health Service Area	002	
Planning Service Area	057	Fulton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	107
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	11.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	594,596	0	0	0	594,596	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EMERITUS AT PROSPECT HEIGHTS
700 EAST EUCLID AVENUE
PROSPECT HEIGHTS, IL. 60070

Reference Numbers Facility ID 6014328
Health Service Area 007 Planning Service Area 701

Administrator
Anne M. Berg

Contact Person and Telephone
ANNE M. BERG
847-797-2700

Date Completed
3/28/2014

Registered Agent Information
Emericare Inc.
3131 Elliott Avenue Suite 800
Seattle, WA 98121

Continuing Care Retirement Community

Building	Reported Age
Building 1 Main	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	95
Total Admissions 2013	220
Total Discharges 2013	217
Residents on 12/31/2013	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	7
Mental Illness	5
Developmental Disability	0
Circulatory System	32
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	12
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	30	27	27	27	15	15	30	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	128	128	83	128	83	45		
TOTAL BEDS	158	155	110	155	98	60	30	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3000	27.4%	0	0.0%	0	360	3437	0	6797	62.1%	69.0%
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	30295	0	30295	64.8%	64.8%
TOTALS	3000	27.4%	0	0.0%	0	360	33732	0	37092	64.3%	65.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	1	0	1	1
65 to 74	1	0	0	0	0	0	2	1	3	1	4
75 to 84	2	2	0	0	0	0	6	13	8	15	23
85+	3	7	0	0	0	0	20	40	23	47	70
TOTALS	6	9	0	0	0	0	28	55	34	64	98

EMERITUS AT PROSPECT HEIGHTS
700 EAST EUCLID AVENUE
PROSPECT HEIGHTS, IL. 60070

Classification Numbers

License Number	6014328	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	0	0	0	7	0	15
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	83	0	83
TOTALS	8	0	0	0	90	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	252	217
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	14	0	0	83	97
Race Unknown	0	0	0	0	0
Total	15	0	0	83	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	15	0	0	83	98
Ethnicity Unknown	0	0	0	0	0
Total	15	0	0	83	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	6.00
Certified Aides	25.00
Other Health Staff	23.00
Non-Health Staff	31.00
Totals	99.00

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
26.3%	0.0%	0.0%	2.2%	71.5%	100.0%		
1,798,210	0	0	151,233	4,879,234	6,828,677	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EMERITUS BURR RIDGE
6801 HIGHGROVE BOULEVARD
BURR RIDGE, IL. 60527

Reference Numbers Facility ID 6016216
Health Service Area 007 Planning Service Area 703

Administrator
Tammy Virgili, LPN, LNHA

Contact Person and Telephone
Tammy Virgili, LPN, LNHA
630-920-2900

Date Completed
3/20/2014

Registered Agent Information

Continuing Care Retirement Community

Building	Reported Age
Building 1 Emeritus at Burr Ridge	19
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	90
Total Admissions 2013	284
Total Discharges 2013	285
Residents on 12/31/2013	89

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	24
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	37
TOTALS	79

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	30	30	28	30	21	9	30	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	120	64	64	64	58	62		
TOTAL BEDS	150	94	92	94	79	71	30	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4937	45.1%	0	0.0%	0	515	2239	0	7691	70.2%	70.2%
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	22190	0	22190	50.7%	95.0%
TOTALS	4937	45.1%	0	0.0%	0	515	24429	0	29881	54.6%	87.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	1	0	0	0	0	1	2	4	3	7
75 to 84	2	6	0	0	0	0	5	28	7	34	41
85+	2	7	0	0	0	0	5	17	7	24	31
TOTALS	7	14	0	0	0	0	11	47	18	61	79

EMERITUS BURR RIDGE
6801 HIGHGROVE BOULEVARD
BURR RIDGE, IL. 60527

Classification Numbers

License Number	6016216	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	0	0	1	9	0	21
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	58	0	58
TOTALS	11	0	0	1	67	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	98	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	1	2
Hawaiian/Pacific Isl.	0	0	0	1	1
White	20	0	0	56	76
Race Unknown	0	0	0	0	0
Total	21	0	0	58	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	21	0	0	58	79
Ethnicity Unknown	0	0	0	0	0
Total	21	0	0	58	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	18.00
Certified Aides	41.00
Other Health Staff	8.00
Non-Health Staff	55.00
Totals	137.00

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
77.1%	0.0%	0.0%	6.7%	16.2%	100.0%		
2,760,121	0	0	238,259	579,920	3,578,300	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ENFIELD REHAB & HLTHCARE CTR
408 NORTH WILSON STREET
ENFIELD, IL. 62835

Reference Numbers Facility ID 6005425
Health Service Area 005 Planning Service Area 193

Administrator
Chasity Harris

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/1/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Endfield RHCC/Nursing Home	46
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	21
Total Admissions 2013	17
Total Discharges 2013	14
Residents on 12/31/2013	24

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	12
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	24

Total Residents Diagnosed as Mentally Ill 16

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	47	47	26	47	24	23	23	47
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	47	47	26	47	24	23	23	47

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	775	9.2%	5304	30.9%	56	97	844	0	7076	41.2%	41.2%
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	775	9.2%	5304	30.9%	56	97	844	0	7076	41.2%	41.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	4	5	0	0	0	0	0	0	4	5	9
TOTALS	13	11	0	0	0	0	0	0	13	11	24

ENFIELD REHAB & HLTHCARE CTR
408 NORTH WILSON STREET
ENFIELD, IL. 62835

Classification Numbers

License Number	6005425	
Health Service Area	005	
Planning Service Area	193	White

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	14	0	0	5	0	24
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	14	0	0	5	0	24

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	24	0	0	0	24

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	24	0	0	0	24
Ethnicity Unknown	0	0	0	0	0
Total	24	0	0	0	24

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	2.00
Certified Aides	5.00
Other Health Staff	0.00
Non-Health Staff	6.00
Totals	16.00

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
31.9%	55.1%	0.0%	3.7%	9.3%	100.0%		
319,586	551,096	0	36,774	93,245	1,000,701	472	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	1/24/2012	Facility discontinued 2 Nursing Care beds; facility now has 47 Nursing Care beds.

EUNICE C. SMITH NURSING HOME
1251 COLLEGE AVENUE
ALTON, IL. 62002

Reference Numbers Facility ID 6002877
Health Service Area 011 Planning Service Area 119

Administrator
Mark Jeffries

Contact Person and Telephone
MARK JEFFRIES
618-463-7331

Date Completed
4/4/2014

Registered Agent Information
David Braasch
One Memorial Drive
Alton, IL 62002

Building	Reported Age
Building 1 Eunice Smith Home	47
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	55
Total Admissions 2013	264
Total Discharges 2013	270
Residents on 12/31/2013	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	6
Mental Illness	5
Developmental Disability	0
Circulatory System	4
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	62	62	60	62	49	13	62	6
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	62	62	60	62	49	13	62	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6343	28.0%	1825	83.3%	0	0	11042	0	19210	84.9%	84.9%
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	6343	28.0%	1825	83.3%	0	0	11042	0	19210	84.9%	84.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	0	0	0	0	0	0	0	2	0	2
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	8	18	0	0	0	0	0	0	8	18	26
TOTALS	19	30	0	0	0	0	0	0	19	30	49

EUNICE C. SMITH NURSING HOME
1251 COLLEGE AVENUE
ALTON, IL. 62002

Classification Numbers

License Number	6002877	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	5	0	0	31	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	5	0	0	31	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	194	179
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	5.60
Certified Aides	24.24
Other Health Staff	4.10
Non-Health Staff	10.28
Totals	53.72

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
55.3%	4.0%	0.0%	0.0%	40.7%	100.0%		
2,827,943	206,392	0	0	2,079,834	5,114,169	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EVANSTON NURSING & REHAB CENTER
1300 OAK AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6006845
Health Service Area 007 Planning Service Area 702

Administrator
Etan Bleichman

Contact Person and Telephone
Etan Bleichman
847-869-1300

Date Completed
3/25/2014

Registered Agent Information
Fred Frankel
8131 N Monticello
Skokie, IL 60000

Building		Reported Age
Building 1	Evanston Nursing	53
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	52
Total Admissions 2013	77
Total Discharges 2013	75
Residents on 12/31/2013	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	17
Mental Illness	6
Developmental Disability	0
Circulatory System	10
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	54

Total Residents Diagnosed as Mentally Ill 22

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	57	57	57	57	54	3	0	57
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	57	57	57	57	54	3	0	57

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3581	0.0%	14783	71.1%	0	0	615	0	18979	91.2%	91.2%
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	3581	0.0%	14783	71.1%	0	0	615	0	18979	91.2%	91.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	4	0	0	0	0	0	0	0	4	0	4
65 to 74	8	8	0	0	0	0	0	0	8	8	16
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	1	10	0	0	0	0	0	0	1	10	11
TOTALS	21	33	0	0	0	0	0	0	21	33	54

EVANSTON NURSING & REHAB CENTER
1300 OAK AVENUE
EVANSTON, IL. 60201

Classification Numbers

License Number	6006845	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	40	0	2	1	0	54
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	40	0	2	1	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	189	189
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	0	54

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	5.00
Certified Aides	20.00
Other Health Staff	11.00
Non-Health Staff	6.00
Totals	51.00

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
16.7%	76.1%	0.0%	3.5%	3.7%	100.0%		
536,977	2,442,009	0	110,737	119,241	3,208,964	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EVENGLOW LODGE
215 EAST WASHINGTON
PONTIAC, IL. 61764

Reference Numbers Facility ID 6002901
Health Service Area 004 Planning Service Area 105

Administrator
MARK W HOVREN

Contact Person and Telephone
KANDICE MEADER
815-844-6131

Date Completed
3/21/2014

Registered Agent Information
John A Taylor
109 N Mill St
Pontiac, IL 61764

Continuing Care Retirement Community

Building		Reported Age
Building 1	Shelter Care	51
Building 2	Skilled Nursing Facility	31
Building 3	Evenglow Inn	13
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	130
Total Admissions 2013	153
Total Discharges 2013	160
Residents on 12/31/2013	123

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	3
*Nervous System Non Alzheimer	9
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	37
Respiratory System	5
Digestive System	8
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	31
Injuries and Poisonings	10
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	123

Total Residents Diagnosed as Mentally Ill 22

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	73	73	65	73	59	14	73	73
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	141	74	74	74	64	77		
TOTAL BEDS	214	147	139	147	123	91	73	73

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2903	10.9%	6567	24.6%	0	191	10812	0	20473	76.8%	76.8%
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	23380	0	23380	45.4%	86.6%
TOTALS	2903	10.9%	6567	24.6%	0	191	34192	0	43853	56.1%	81.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	1	0	1	0	1
65 to 74	2	2	0	0	0	0	0	1	2	3	5
75 to 84	8	11	0	0	0	0	4	16	12	27	39
85+	9	27	0	0	0	0	8	34	17	61	78
TOTALS	19	40	0	0	0	0	13	51	32	91	123

EVENGLOW LODGE
215 EAST WASHINGTON
PONTIAC, IL. 61764

Classification Numbers

License Number	6002901	
Health Service Area	004	
Planning Service Area	105	Livingston

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	18	0	0	33	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	64	0	64
TOTALS	8	18	0	0	97	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	222	179
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	101	60

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	64	123
Race Unknown	0	0	0	0	0
Total	59	0	0	64	123

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	59	0	0	64	123
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	64	123

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.72
LPN's	8.50
Certified Aides	35.14
Other Health Staff	0.00
Non-Health Staff	119.85
Totals	174.21

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
20.8%	12.2%	0.0%	1.2%	65.9%	100.0%		
1,332,929	781,630	0	75,835	4,229,485	6,419,879	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EVERGREEN HEALTH CARE CENTER
10124 SOUTH KEDZIE AVENUE
EVERGREEN PARK, IL. 60805

Reference Numbers Facility ID 6007322
Health Service Area 007 Planning Service Area 705

Administrator
Eliana Mejia

Contact Person and Telephone
Eliana Mejia
708-907-7200

Date Completed
3/26/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	130
Total Admissions 2013	1,335
Total Discharges 2013	1,334
Residents on 12/31/2013	131

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	8
Musculo-skeletal Disorders	5
Injuries and Poisonings	15
Other Medical Conditions	62
Non-Medical Conditions	0
TOTALS	131

Total Residents Diagnosed as Mentally Ill 35

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	242	209	149	209	131	111	242	242
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	242	209	149	209	131	111	242	242

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	18377	20.8%	14847	16.8%	0	10060	2452	0	45736	51.8%	60.0%
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	18377	20.8%	14847	16.8%	0	10060	2452	0	45736	51.8%	60.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	0	0	0	0	3	1	4
45 to 59	3	9	0	0	0	0	0	0	3	9	12
60 to 64	6	6	0	0	0	0	0	0	6	6	12
65 to 74	10	10	0	0	0	0	0	0	10	10	20
75 to 84	17	28	0	0	0	0	0	0	17	28	45
85+	17	21	0	0	0	0	0	0	17	21	38
TOTALS	56	75	0	0	0	0	0	0	56	75	131

EVERGREEN HEALTH CARE CENTER
10124 SOUTH KEDZIE AVENUE
EVERGREEN PARK, IL. 60805

Classification Numbers

License Number	6007322	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	48	0	31	11	0	131
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	41	48	0	31	11	0	131

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	88	0	0	0	88
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	131	0	0	0	131

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	127	0	0	0	127
Ethnicity Unknown	0	0	0	0	0
Total	131	0	0	0	131

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	18.00
Certified Aides	62.00
Other Health Staff	3.00
Non-Health Staff	29.00
Totals	135.00

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
60.6%	13.9%	0.0%	22.5%	2.9%	100.0%		
4,221,763	971,177	0	1,569,657	200,933	6,963,530	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EVERGREEN NSG & REHAB CENTER
1115 NORTH WENTHE
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6002133
Health Service Area 005 Planning Service Area 049

Administrator
Lola White

Contact Person and Telephone
LOLA WHITE
217-347-7121

Date Completed
2/25/2014

Registered Agent Information

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	3
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	2
Developmental Disability	0
Circulatory System	16
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	15
Other Medical Conditions	12
Non-Medical Conditions	1
TOTALS	86

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Evergreen Nursing and Rehabilit	40
Building 2	Therapy Gym	7
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	82
Total Admissions 2013	213
Total Discharges 2013	209
Residents on 12/31/2013	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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	95	95	95	86	34	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	95	95	95	86	34	120	120

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6762	15.4%	13723	31.3%	0	69	10597	0	31151	71.1%	89.8%
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	6762	15.4%	13723	31.3%	0	69	10597	0	31151	71.1%	89.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	12	25	0	0	0	0	0	0	12	25	37
TOTALS	30	56	0	0	0	0	0	0	30	56	86

EVERGREEN NSG & REHAB CENTER
1115 NORTH WENTHE
EFFINGHAM, IL. 62401

Classification Numbers

License Number	6002133	
Health Service Area	005	
Planning Service Area	049	Effingham

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	38	0	1	31	0	87
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	38	0	1	31	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	14.00
Certified Aides	58.00
Other Health Staff	9.00
Non-Health Staff	28.00
Totals	120.00

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
48.4%	27.4%	0.0%	0.2%	24.0%	100.0%		
3,058,068	1,730,854	0	10,851	1,517,366	6,317,139	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EXCEPTIONAL CARE AND TRAINING
2601 WOODLAWN ROAD
STERLING, IL. 61081

Reference Numbers Facility ID 6002935
Health Service Area 001 Planning Service Area 195

Administrator
Melissa J. Francque

Contact Person and Telephone
WYNELL PRINCE EAKLE
815-626-5820 x 302

Date Completed
3/12/2014

Registered Agent Information
CT Corporation System
208 S. LaSalle St., Suite 814
Chicago, IL 60604

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	81
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	81

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 ECTC	47
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	83
Total Admissions 2013	5
Total Discharges 2013	7
Residents on 12/31/2013	81

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	85	84	84	84	81	4		79
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	85	84	84	84	81	4	0	79

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			30207	######	0	0	0	0	30207	97.4%	98.5%
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	0	0.0%	30207	######	0	0	0	0	30207	97.4%	98.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	20	16	0	0	0	0	20	16	36
45 to 59	0	0	19	18	0	0	0	0	19	18	37
60 to 64	0	0	3	1	0	0	0	0	3	1	4
65 to 74	0	0	4	0	0	0	0	0	4	0	4
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	46	35	0	0	0	0	46	35	81

EXCEPTIONAL CARE AND TRAINING
2601 WOODLAWN ROAD
STERLING, IL. 61081

Classification Numbers

License Number	6002935	
Health Service Area	001	
Planning Service Area	195	Whiteside

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	81	0	0	0	0	81
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	81	0	0	0	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	174
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	8	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	72	0	0	72
Race Unknown	0	1	0	0	1
Total	0	81	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	4	0	0	4
Non-Hispanic	0	76	0	0	76
Ethnicity Unknown	0	1	0	0	1
Total	0	81	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.25
Certified Aides	65.00
Other Health Staff	4.00
Non-Health Staff	13.00
Totals	98.25

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%	74.6%	24.3%	0.0%	1.1%	100.0%		
0	5,161,466	1,677,449	0	76,833	6,915,748	16,278	0.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

EXCEPTIONAL HEALTH CARE
5701 WEST 79TH STREET
BURBANK, IL. 60459

Reference Numbers Facility ID 6007207
Health Service Area 007 Planning Service Area 705

Administrator
Akeem Abiola

Contact Person and Telephone
AKEEM ABIOLA
708-499-5400

Date Completed
4/2/2014

Registered Agent Information
YAM MANAGEMENT
8131 N MONTICELLO AVE
Skokie, IL 60076

Life Care Facility

Building	Reported Age
Building 1 EXCEPTIONAL CARE, LLC	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	50
Total Admissions 2013	218
Total Discharges 2013	213
Residents on 12/31/2013	55

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	8
*Nervous System Non Alzheimer	0
Alzheimer Disease	10
Mental Illness	4
Developmental Disability	6
Circulatory System	5
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	5
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	56	56	56	56	55	1	56	56
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	56	56	56	56	55	1	56	56

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4369	21.4%	13486	66.0%	0	118	1583	0	19556	95.7%	95.7%
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	4369	21.4%	13486	66.0%	0	118	1583	0	19556	95.7%	95.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	10	15	0	0	0	0	0	0	10	15	25
85+	5	6	0	0	0	0	0	0	5	6	11
TOTALS	22	33	0	0	0	0	0	0	22	33	55

EXCEPTIONAL HEALTH CARE
5701 WEST 79TH STREET
BURBANK, IL. 60459

Classification Numbers

License Number	6007207	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	34	7	0	5	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	34	7	0	5	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	21	0	0	0	21
Hawaiian/Pacific Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	45	0	0	0	45
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	8.00
Registered Nurses	4.00
LPN's	22.00
Certified Aides	10.00
Other Health Staff	10.00
Non-Health Staff	25.00
Totals	81.00

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
22.7%	63.7%	0.0%	2.6%	11.0%	100.0%		
688	1,935	0	79	335	3,037	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIR ACRES NURSING HOME
514 EAST JACKSON
DUQUOIN, IL. 62832

Reference Numbers Facility ID 6002943
Health Service Area 005 Planning Service Area 145

Administrator
Randee Slover

Contact Person and Telephone
Stephani McCaughan
618-549-8331

Date Completed
4/1/2014

Registered Agent Information
Stephani McCaughan
1001 East Main Bldg 4a
Carbondale, IL 62901

Building		Reported Age
Building 1	Fair Acres Nursing Home	48
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	50
Total Admissions 2013	38
Total Discharges 2013	40
Residents on 12/31/2013	48

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	43

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	74	50	74	43	31	29	74
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	50	74	43	31	29	74

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1005	9.5%	9936	36.8%	0	0	4602	0	15543	57.5%	57.5%
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	1005	9.5%	9936	36.8%	0	0	4602	0	15543	57.5%	57.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	1	12	0	0	0	0	0	0	1	12	13
85+	5	14	0	0	0	0	0	0	5	14	19
TOTALS	11	32	0	0	0	0	0	0	11	32	43

FAIR ACRES NURSING HOME
514 EAST JACKSON
DUQUOIN, IL. 62832

Classification Numbers

License Number	6002943	
Health Service Area	005	
Planning Service Area	145	Perry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	29	0	0	12	0	43
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	29	0	0	12	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	43	0	0	0	43
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	0	43

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	13.00
Other Health Staff	1.00
Non-Health Staff	14.00
Totals	39.00

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
11.0%	55.0%	0.0%	0.0%	34.0%	100.0%		
182,755	911,364	0	0	563,543	1,657,662	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIR HAVENS CHRISTIAN HOME
1790 SOUTH FAIRVIEW AVENUE
DECATUR, IL. 62521

Reference Numbers Facility ID 6002950
Health Service Area 004 Planning Service Area 115

Administrator
Daniel Krug

Contact Person and Telephone
Susan McGhee
314-587-7900

Date Completed
3/31/2014

Registered Agent Information
Timothy Phillippe
622 Emerson Rd. Suite 310
St. Louis, MO 63141

Life Care Facility

Building		Reported Age
Building 1	Fair Havens Christian Home	40
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	144
Total Admissions 2013	252
Total Discharges 2013	252
Residents on 12/31/2013	144

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	94
Non-Medical Conditions	0
TOTALS	144

Total Residents Diagnosed as Mentally Ill 87

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	154	154	144	154	144	10	154	154
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	154	154	144	154	144	10	154	154

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8476	15.1%	28847	51.3%	0	597	13967	0	51887	92.3%	92.3%
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	8476	15.1%	28847	51.3%	0	597	13967	0	51887	92.3%	92.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	14	32	0	0	0	0	0	0	14	32	46
85+	18	62	0	0	0	0	0	0	18	62	80
TOTALS	39	105	0	0	0	0	0	0	39	105	144

FAIR HAVENS CHRISTIAN HOME
1790 SOUTH FAIRVIEW AVENUE
DECATUR, IL. 62521

Classification Numbers

License Number	6002950	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	78	0	1	39	0	144
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	78	0	1	39	0	144

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	204	177
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	2	0	0	0	2
White	136	0	0	0	136
Race Unknown	0	0	0	0	0
Total	144	0	0	0	144

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	144	0	0	0	144
Ethnicity Unknown	0	0	0	0	0
Total	144	0	0	0	144

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	24.00
Certified Aides	95.00
Other Health Staff	4.00
Non-Health Staff	46.00
Totals	184.00

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
32.0%	37.6%	0.0%	1.5%	28.9%	100.0%		
3,099,319	3,645,562	0	146,682	2,806,053	9,697,616	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIR OAKS
200 HEALTH CARE DRIVE
GREENVILLE, IL. 62246

Reference Numbers Facility ID 6002968
Health Service Area 005 Planning Service Area 005

Administrator
Glenn W. Miller II

Contact Person and Telephone
KRIS ALBERS
618-664-1230

Date Completed
3/10/2014

Registered Agent Information
Jeff Mollett
200 Healthcare Dr.
Greenville, IL 62246

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	66
Total Admissions 2013	13
Total Discharges 2013	75
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	108	108	66	108	4	104	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	108	108	66	108	4	104	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	607	0.0%	5171	0.0%	0	0	3165	0	8943	22.7%	22.7%
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	607	0.0%	5171	0.0%	0	0	3165	0	8943	22.7%	22.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	0	2	0	0	0	0	0	0	0	2	2
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	2	2	0	0	0	0	0	0	2	2	4

FAIR OAKS
200 HEALTH CARE DRIVE
GREENVILLE, IL. 62246

Classification Numbers

License Number	6002968	
Health Service Area	005	
Planning Service Area	005	Bond

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	3	0	0	1	0	4
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	3	0	0	1	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	126
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	4	0	0	0	4
Race Unknown	0	0	0	0	0
Total	4	0	0	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	4	0	0	0	4
Ethnicity Unknown	0	0	0	0	0
Total	4	0	0	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.52
LPN's	3.51
Certified Aides	8.52
Other Health Staff	0.95
Non-Health Staff	2.97
Totals	18.47

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
30.9%	40.0%	0.0%	0.0%	29.2%	100.0%		
378,743	490,903	0	0	357,933	1,227,579	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIR OAKS HEALTH CARE CENTER
471 W. TERRA COTTA AVENUE
CRYSTAL LAKE, IL. 60014

Reference Numbers Facility ID 6002976
Health Service Area 008 Planning Service Area 111

Administrator
Joyce Surdick

Contact Person and Telephone
JOYCE SURDICK
815-455-0550

Date Completed
4/4/2014

Registered Agent Information
Joyce Surdick
471 W. Terra Cotta Ave
Crystal Lake, IL 60014

Building		Reported Age
Building 1	Original Building - Mighty Oaks	40
Building 2	Addition - Acorn	1
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	38
Total Admissions 2013	172
Total Discharges 2013	165
Residents on 12/31/2013	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 18

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	51	51	51	51	45	6	45	8
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	51	51	51	51	45	6	45	8

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6327	38.5%	2063	70.7%	0	10	6512	0	14912	80.1%	80.1%
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	6327	38.5%	2063	70.7%	0	10	6512	0	14912	80.1%	80.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	10	0	0	0	0	0	0	1	10	11
75 to 84	4	0	0	0	0	0	0	0	4	0	4
85+	8	20	0	0	0	0	0	0	8	20	28
TOTALS	14	31	0	0	0	0	0	0	14	31	45

FAIR OAKS HEALTH CARE CENTER
471 W. TERRA COTTA AVENUE
CRYSTAL LAKE, IL. 60014

Classification Numbers

License Number	6002976	
Health Service Area	008	
Planning Service Area	111	McHenry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	4	0	0	23	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	4	0	0	23	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	286	231
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.00
Certified Aides	21.00
Other Health Staff	5.00
Non-Health Staff	21.00
Totals	62.00

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
59.1%	5.2%	0.0%	2.6%	33.1%	100.0%		
2,796,421	245,719	0	124,900	1,564,478	4,731,518	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIR OAKS REHAB & HCC
1515 BLACKHAWK BOULEVARD
SOUTH BELOIT, IL. 61080

Reference Numbers Facility ID 6002984
Health Service Area 001 Planning Service Area 201

Administrator
Sheila Storey

Contact Person and Telephone
SHEILA STOREY
815-389-3911

Date Completed
4/2/2014

Registered Agent Information
Daniel Maher
412 E. Lawrence
Springfield, IL 62703

Building		Reported Age
Building 1	Halls 1, 2, and 3	40
Building 2	Hall 4 and Large Dining Room	14
Building 3	Hall 5	8
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	72
Total Admissions 2013	182
Total Discharges 2013	185
Residents on 12/31/2013	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	0
Circulatory System	25
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	70

Total Residents Diagnosed as Mentally Ill 30

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	78	78	76	78	70	8	78	78
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	78	78	76	78	70	8	78	78

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3031	10.6%	16636	58.4%	3048	323	2848	0	25886	90.9%	90.9%
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	3031	10.6%	16636	58.4%	3048	323	2848	0	25886	90.9%	90.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	6	15	0	0	0	0	0	0	6	15	21
85+	6	34	0	0	0	0	0	0	6	34	40
TOTALS	14	56	0	0	0	0	0	0	14	56	70

FAIR OAKS REHAB & HCC
1515 BLACKHAWK BOULEVARD
SOUTH BELOIT, IL. 61080

Classification Numbers

License Number	6002984	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	44	10	1	7	0	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	44	10	1	7	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	320	182
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	8.00
Certified Aides	32.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	47.00

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
32.0%	44.2%	8.7%	3.8%	11.3%	100.0%		
1,553,447	2,147,964	421,883	185,576	551,197	4,860,067	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIRFIELD MEMORIAL HOSPITAL
303 NORTH WEST 11TH ST
FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6003016
Health Service Area 005 Planning Service Area 191

Administrator
Katherine Bunting

Contact Person and Telephone
Mary Knight
618-847-8243

Date Completed
3/20/2014

Registered Agent Information
Michael St. Ledger
303 NW 11th Street
Fairfield, IL 62837

Building		Reported Age
Building 1	Fairfield Memorial Hospital	64
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	18
Total Admissions 2013	113
Total Discharges 2013	114
Residents on 12/31/2013	17

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	1
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	17

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	30	30	24	24	17	13	30	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	30	30	24	24	17	13	30	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1654	15.1%	0	0.0%	0	67	4987	0	6708	61.3%	61.3%
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	1654	15.1%	0	0.0%	0	67	4987	0	6708	61.3%	61.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	6	4	0	0	0	0	0	0	6	4	10
85+	3	4	0	0	0	0	0	0	3	4	7
TOTALS	9	8	0	0	0	0	0	0	9	8	17

FAIRFIELD MEMORIAL HOSPITAL
303 NORTH WEST 11TH ST
FAIRFIELD, IL. 62837

Classification Numbers

License Number	6003016	
Health Service Area	005	
Planning Service Area	191	Wayne

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	0	0	0	13	0	17
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	0	0	0	13	0	17

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	148	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	17	0	0	0	17
Race Unknown	0	0	0	0	0
Total	17	0	0	0	17

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	17	0	0	0	17
Ethnicity Unknown	0	0	0	0	0
Total	17	0	0	0	17

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	1.00
Certified Aides	14.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	26.00

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
52.0%	0.0%	0.0%	1.5%	46.5%	100.0%		
851,855	0	0	24,144	761,934	1,637,933	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIRHAVEN CHRISTIAN RETIREMENT CENTER
3470 NORTH ALPINE ROAD
ROCKFORD, IL. 61114

Reference Numbers Facility ID 6003024
Health Service Area 001 Planning Service Area 201

Administrator
TOM BLEED

Contact Person and Telephone
JEFF REIERSON
815-877-1441 x1305

Date Completed
4/3/2014

Registered Agent Information
Thomas T. Bleed
3470 N. Alpine Road
Rockford, IL 61114

Continuing Care Retirement Community
Life Care Facility

Building		Reported Age
Building 1	Main Building (Multiple Wings)	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	161
Total Admissions 2013	83
Total Discharges 2013	92
Residents on 12/31/2013	152

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	15
Alzheimer Disease	29
Mental Illness	32
Developmental Disability	2
Circulatory System	35
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	14
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	152

Total Residents Diagnosed as Mentally Ill 80

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	96	92	88	92	81	15	0	96
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	125	125	72	125	71	54		
TOTAL BEDS	221	217	160	217	152	69	0	96

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	11861	33.8%	0	0	17738	0	29599	84.5%	88.1%
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	22511	2297	24808	54.4%	54.4%
TOTALS	0	0.0%	11861	33.8%	0	0	40249	2297	54407	67.4%	68.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	1	1	2	3
75 to 84	5	15	0	0	0	0	2	16	7	31	38
85+	11	48	0	0	0	0	14	38	25	86	111
TOTALS	17	64	0	0	0	0	16	55	33	119	152

FAIRHAVEN CHRISTIAN RETIREMENT CENTER
3470 NORTH ALPINE ROAD
ROCKFORD, IL. 61114

Classification Numbers

License Number	6003024	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	33	0	0	48	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	60	11	71
TOTALS	0	33	0	0	108	11	152

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	297	206
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	163	112

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	2	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	69	150
Race Unknown	0	0	0	0	0
Total	81	0	0	71	152

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	81	0	0	71	152
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	71	152

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	8.40
LPN's	11.80
Certified Aides	33.40
Other Health Staff	4.10
Non-Health Staff	57.00
Totals	116.90

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
0.0%	9.7%	0.0%	0.0%	90.3%	100.0%		
0	1,016,403	0	0	9,444,207	10,460,610	413,052	3.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIRMONT CARE CENTRE
5061 NORTH PULASKI ROAD
CHICAGO, IL. 60630

Reference Numbers Facility ID 6001051
Health Service Area 006 Planning Service Area 601

Administrator
Joanne Ventrella

Contact Person and Telephone
JOANNE VENTRELLA

Date Completed
3/28/2014

Registered Agent Information
Christopher Vicere
5061 N Pulaski Rd
Chicago, IL 60630

Building		Reported Age
Building 1	Fairmont Teams 1-4	58
Building 2	Fairmont Team 5 (Willow)	17
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	150
Total Admissions 2013	120
Total Discharges 2013	125
Residents on 12/31/2013	145

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	25
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	24
Mental Illness	0
Developmental Disability	0
Circulatory System	54
Respiratory System	14
Digestive System	6
Genitourinary System Disorders	2
Skin Disorders	5
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	145

Total Residents Diagnosed as Mentally Ill 33

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	176	176	165	176	145	31	104	161
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	176	176	165	176	145	31	104	161

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6346	16.7%	47667	81.1%	0	619	2829	0	57461	89.4%	89.4%
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	6346	16.7%	47667	81.1%	0	619	2829	0	57461	89.4%	89.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	6	6	0	0	0	0	0	0	6	6	12
65 to 74	9	13	0	0	0	0	0	0	9	13	22
75 to 84	15	28	0	0	0	0	0	0	15	28	43
85+	16	49	0	0	0	0	0	0	16	49	65
TOTALS	47	98	0	0	0	0	0	0	47	98	145

FAIRMONT CARE CENTRE
5061 NORTH PULASKI ROAD
CHICAGO, IL. 60630

Classification Numbers

License Number	6001051	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	125	0	1	7	0	145
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	125	0	1	7	0	145

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	266	231
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	62	0	0	0	62
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	145	0	0	0	145

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	130	0	0	0	130
Ethnicity Unknown	0	0	0	0	0
Total	145	0	0	0	145

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	13.00
Certified Aides	52.00
Other Health Staff	28.00
Non-Health Staff	35.00
Totals	160.00

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
29.1%	63.2%	0.0%	2.0%	5.7%	100.0%		
3,410,308	7,410,426	0	238,284	671,715	11,730,733	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIRVIEW HAVEN
605 NORTH 4TH STREET
FAIRBURY, IL. 61739

Reference Numbers Facility ID 6003040
Health Service Area 004 Planning Service Area 105

Administrator
Richard L Plattner

Contact Person and Telephone
DAVE BLUNIER
815-692-2572

Date Completed
3/31/2014

Registered Agent Information
David A Blunier
605 N Fourth St
Fairbury, IL 61739

Building		Reported Age
Building 1	Skilled Nursing Facility	51
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	53
Total Admissions 2013	77
Total Discharges 2013	76
Residents on 12/31/2013	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	2
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	54

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	63	63	63	63	54	9	15	57
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	63	63	63	63	54	9	15	57

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1391	25.4%	5044	24.2%	0	0	14681	0	21116	91.8%	91.8%
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	1391	25.4%	5044	24.2%	0	0	14681	0	21116	91.8%	91.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	3	13	0	0	0	0	0	0	3	13	16
85+	9	29	0	0	0	0	0	0	9	29	38
TOTALS	12	42	0	0	0	0	0	0	12	42	54

FAIRVIEW HAVEN
605 NORTH 4TH STREET
FAIRBURY, IL. 61739

Classification Numbers

License Number	6003040	
Health Service Area	004	
Planning Service Area	105	Livingston

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	11	0	0	39	0	54
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	11	0	0	39	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	223	203
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	0	54

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	11.00
Certified Aides	40.00
Other Health Staff	1.00
Non-Health Staff	44.00
Totals	103.00

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
1.2%	7.8%	0.0%	0.0%	91.0%	100.0%		
57,041	359,758	0	0	4,199,723	4,616,522	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIRVIEW NURSING CENTER
602 EAST JACKSON
DUQUOIN, IL. 62832

Reference Numbers Facility ID 6003099
Health Service Area 005 Planning Service Area 145

Administrator
Lon LIndner

Contact Person and Telephone
Brenda Cullum
618-549-8331

Date Completed
4/1/2014

Registered Agent Information
Stephani McCaughan
1001 East Main Bldg 4a
Carbondale, IL 62901

Building	Reported Age
Building 1 Fairview Nursing Center	46
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	46
Total Admissions 2013	82
Total Discharges 2013	81
Residents on 12/31/2013	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	76	76	55	76	47	29	0	76
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	76	76	55	76	47	29	0	76

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2987	0.0%	9686	34.9%	0	0	5319	0	17992	64.9%	64.9%
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	2987	0.0%	9686	34.9%	0	0	5319	0	17992	64.9%	64.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	3	16	0	0	0	0	0	0	3	16	19
85+	5	19	0	0	0	0	0	0	5	19	24
TOTALS	11	36	0	0	0	0	0	0	11	36	47

FAIRVIEW NURSING CENTER
602 EAST JACKSON
DUQUOIN, IL. 62832

Classification Numbers

License Number	6003099	
Health Service Area	005	
Planning Service Area	145	Perry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	29	0	0	14	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	29	0	0	14	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	4.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	39.00

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
26.6%	44.0%	0.0%	0.0%	29.4%	100.0%		
580,591	961,592	0	0	641,079	2,183,262	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIRVIEW NURSING PLAZA
321 ARNOLD AVENUE
ROCKFORD, IL. 61108

Reference Numbers Facility ID 6001135
Health Service Area 001 Planning Service Area 201

Administrator
Marla Murphy-Kenney

Contact Person and Telephone
Marla Murphy-Kenney
815-397-5531

Date Completed
4/1/2014

Registered Agent Information
Tom Winter
6840 N. Lincoln Avenue
Liincolnwood, IL 60712

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	24
Mental Illness	120
Developmental Disability	0
Circulatory System	7
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	9
Non-Medical Conditions	1
TOTALS	193

Total Residents Diagnosed as Mentally Ill 185

Total Residents Reported as Identified Offenders 32

Building	Reported Age
Building 1 Fairview Nursing Plaza	40
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	193
Total Admissions 2013	51
Total Discharges 2013	54
Residents on 12/31/2013	190

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	213	213	210	213	190	23	99	213
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	213	213	210	213	190	23	99	213

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2165	6.0%	70750	91.0%	0	38	657	0	73610	94.7%	94.7%
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	2165	6.0%	70750	91.0%	0	38	657	0	73610	94.7%	94.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	5	0	0	0	0	0	0	12	5	17
45 to 59	50	22	0	0	0	0	0	0	50	22	72
60 to 64	18	15	0	0	0	0	0	0	18	15	33
65 to 74	21	21	0	0	0	0	0	0	21	21	42
75 to 84	5	14	0	0	0	0	0	0	5	14	19
85+	0	7	0	0	0	0	0	0	0	7	7
TOTALS	106	84	0	0	0	0	0	0	106	84	190

FAIRVIEW NURSING PLAZA
321 ARNOLD AVENUE
ROCKFORD, IL. 61108

Classification Numbers

License Number	6001135	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	180	0	1	2	0	190
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	180	0	1	2	0	190

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pacific Isl.	0	0	0	0	0
White	161	0	0	0	161
Race Unknown	0	0	0	0	0
Total	190	0	0	0	190

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	183	0	0	0	183
Ethnicity Unknown	0	0	0	0	0
Total	190	0	0	0	190

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	22.00
Certified Aides	66.00
Other Health Staff	9.00
Non-Health Staff	48.00
Totals	161.00

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
13.0%	66.1%	1.9%	0.6%	18.3%	100.0%		
1,101,035	5,614,093	163,145	51,849	1,556,809	8,486,931	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAITH COUNTRYSIDE HOME
100 FAITH DRIVE
HIGHLAND, IL. 62249

Reference Numbers Facility ID 6003107
Health Service Area 011 Planning Service Area 119

Administrator
Gerald Harman

Contact Person and Telephone
Gerald Harman
618-651-3280

Date Completed
4/23/2014

Registered Agent Information
Donald Johannes
1320 Broadway
Highland, IL 62249

Building	Reported Age
Building 1 Faith Care Center	11
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	67
Total Admissions 2013	62
Total Discharges 2013	59
Residents on 12/31/2013	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	23
Mental Illness	6
Developmental Disability	0
Circulatory System	11
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	70

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	69	69	69	69	65	4	14	76
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	7	7	7	7	5	2		
TOTAL BEDS	76	76	76	76	70	6	14	76

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2157	42.2%	2460	8.9%	0	0	19767	0	24384	96.8%	96.8%
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	2029	0	2029	79.4%	79.4%
TOTALS	2157	42.2%	2460	8.9%	0	0	21796	0	26413	95.2%	95.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	5	16	0	0	0	0	1	0	6	16	22
75 to 84	14	20	0	0	0	0	1	3	15	23	38
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	24	41	0	0	0	0	2	3	26	44	70

FAITH COUNTRYSIDE HOME
100 FAITH DRIVE
HIGHLAND, IL. 62249

Classification Numbers

License Number	6003107	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	7	0	0	54	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	5	0	5
TOTALS	4	7	0	0	59	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	199	169

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	5	70
Race Unknown	0	0	0	0	0
Total	65	0	0	5	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	5	70
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	5	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	14.00
Certified Aides	34.00
Other Health Staff	1.00
Non-Health Staff	39.00
Totals	97.00

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
21.2%	6.5%	0.0%	0.0%	72.3%	100.0%		
1,165,715	358,282	0	0	3,976,738	5,500,735	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FARMER CITY REHAB & HEALTHCARE CENTER
10 BROOKVIEW DRIVE
FARMER CITY, IL. 61842

Reference Numbers Facility ID 6004824
Health Service Area 004 Planning Service Area 039

Administrator
Mary Kay Hirsbrunner

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/1/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Farmer City RHCC/Nursing Hom	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	49
Total Admissions 2013	40
Total Discharges 2013	39
Residents on 12/31/2013	50

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	14
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	50

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	56	53	53	53	50	6	0	51
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	56	53	53	53	50	6	0	51

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	917	0.0%	9130	49.0%	30	216	8393	0	18686	91.4%	96.6%
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	917	0.0%	9130	49.0%	30	216	8393	0	18686	91.4%	96.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	1	8	0	0	0	0	0	0	1	8	9
85+	10	20	0	0	0	0	0	0	10	20	30
TOTALS	17	33	0	0	0	0	0	0	17	33	50

FARMER CITY REHAB & HEALTHCARE CENTER
10 BROOKVIEW DRIVE
FARMER CITY, IL. 61842

Classification Numbers

License Number	6004824	
Health Service Area	004	
Planning Service Area	039	DeWitt

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	22	0	1	24	0	50
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	22	0	1	24	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	50	0	0	0	50

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	50	0	0	0	50
Ethnicity Unknown	0	0	0	0	0
Total	50	0	0	0	50

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	23.00
Other Health Staff	1.00
Non-Health Staff	13.00
Totals	50.00

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
19.1%	38.2%	0.0%	1.4%	41.3%	100.0%		
490,306	982,297	0	36,764	1,063,376	2,572,743	1,486	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FARMINGTON COUNTRY MANOR
701 SOUTH MAIN
FARMINGTON, IL. 61531

Reference Numbers Facility ID 6003115
Health Service Area 002 Planning Service Area 057

Administrator
Jennifer L. Baker

Contact Person and Telephone
JENNIFER L. BAKER

Registered Agent Information **Date Completed** 3/4/2014

Building		Reported Age
Building 1	Farmington Country MAnor	35
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	74
Total Admissions 2013	99
Total Discharges 2013	109
Residents on 12/31/2013	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	3
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	10
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	92	92	92	92	64	28	92	92
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	92	92	92	92	64	28	92	92

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2580	7.7%	12193	36.3%	0	760	13070	0	28603	85.2%	85.2%
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	2580	7.7%	12193	36.3%	0	760	13070	0	28603	85.2%	85.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	8	19	0	0	0	0	0	0	8	19	27
85+	12	24	0	0	0	0	0	0	12	24	36
TOTALS	21	43	0	0	0	0	0	0	21	43	64

FARMINGTON COUNTRY MANOR
701 SOUTH MAIN
FARMINGTON, IL. 61531

Classification Numbers

License Number	6003115	
Health Service Area	002	
Planning Service Area	057	Fulton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	27	0	3	30	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	27	0	3	30	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	12.00
Certified Aides	35.00
Other Health Staff	15.00
Non-Health Staff	18.00
Totals	90.00

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
23.3%	26.2%	0.0%	5.3%	45.2%	100.0%		
1,127,406	1,264,556	0	255,500	2,187,675	4,835,137	78,000	1.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAYETTE COUNTY HOSPITAL NURSING HOME
650 W TAYLOR STREET
VANDALIA, IL. 62471

Reference Numbers Facility ID 6003123
Health Service Area 005 Planning Service Area 051

Administrator
Greg Starnes

Contact Person and Telephone
Dawn Welch
618-283-5428

Date Completed
4/3/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	55
Total Admissions 2013	163
Total Discharges 2013	162
Residents on 12/31/2013	56

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	29
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	56

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	85	85	58	85	56	29	85	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	85	85	58	85	56	29	85	60

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	962	3.1%	9685	44.2%	0	21	10202	0	20870	67.3%	67.3%
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	962	3.1%	9685	44.2%	0	21	10202	0	20870	67.3%	67.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	0	8	0	0	0	0	0	0	0	8	8
85+	13	33	0	0	0	0	0	0	13	33	46
TOTALS	13	43	0	0	0	0	0	0	13	43	56

FAYETTE COUNTY HOSPITAL NURSING HOME
650 W TAYLOR STREET
VANDALIA, IL. 62471

Classification Numbers

License Number	6003123	
Health Service Area	005	
Planning Service Area	051	Fayette

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	35	0	0	21	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	35	0	0	21	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	172	163
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.05
LPN's	15.28
Certified Aides	21.00
Other Health Staff	1.98
Non-Health Staff	1.70
Totals	48.01

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
25.9%	37.6%	0.0%	0.0%	36.5%	100.0%		
1,121,409	1,625,911	0	0	1,578,366	4,325,686	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FIRESIDE HOUSE OF CENTRALIA
1030 MARTIN LUTHER KING BLVD.
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6001614
Health Service Area 005 Planning Service Area 121

Administrator
KATHY BERCK

Contact Person and Telephone
LISA HILL
618-532-1833

Date Completed
3/25/2014

Registered Agent Information

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	43
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	18
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	88

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 2

Building	Reported Age
Building 1 Fireside House	50
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	73
Total Admissions 2013	366
Total Discharges 2013	351
Residents on 12/31/2013	88

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	93	98	88	10	51	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	93	98	88	10	51	98

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6025	32.4%	18161	50.8%	100	12	3744	0	28042	78.4%	78.4%
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	6025	32.4%	18161	50.8%	100	12	3744	0	28042	78.4%	78.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	7	20	0	0	0	0	0	0	7	20	27
85+	9	27	0	0	0	0	0	0	9	27	36
TOTALS	26	62	0	0	0	0	0	0	26	62	88

FIRESIDE HOUSE OF CENTRALIA
1030 MARTIN LUTHER KING BLVD.
CENTRALIA, IL. 62801

Classification Numbers

License Number	6001614	
Health Service Area	005	
Planning Service Area	121	Marion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	62	0	0	14	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	62	0	0	14	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	148
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	13.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	88.00

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
56.3%	33.7%	0.2%	0.0%	9.8%	100.0%		
3,041,523	1,818,431	8,821	1,650	530,866	5,401,291	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/18/2012	Change of Ownership occurred.

FIRST STREET GROUP HOME
407 NORTH FIRST STREET
ASHTON, IL. 61006

Reference Numbers Facility ID 6014450
Health Service Area 001 Planning Service Area 103

Administrator
Patricia Howard

Contact Person and Telephone
Ron Heiderscheit
815-288-6691 Ext. 269

Date Completed
3/26/2014

Registered Agent Information
Jeffrey Stauter
500 Anchor Road P.O.Box 366
Dixon, IL 61021

Building		Reported Age
Building 1	First Street Group Home	19
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			1455	99.7%	0	0	0	0	1455	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1455	99.7%	0	0	0	0	1455	99.7%	99.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	1	0	0	0	1	1
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	2	2	0	0	2	2	4

FIRST STREET GROUP HOME
407 NORTH FIRST STREET
ASHTON, IL. 61006

Classification Numbers

License Number	6014450	
Health Service Area	001	
Planning Service Area	103	Lee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	217	206
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	1	0	1
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	3	0	3
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	3.50
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	6.25

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%	15.2%	84.2%	0.0%	0.6%	100.0%		
0	43,958	243,522	0	1,598	289,078	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FLANAGAN REHAB & HEALTH CARE CTR
201 EAST FALCON HIGHWAY
FLANAGAN, IL. 61740

Reference Numbers Facility ID 6000939
Health Service Area 004 Planning Service Area 105

Administrator
Greg Green

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/1/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Flanagan Rehab & Health Care	43
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	36
Total Admissions 2013	69
Total Discharges 2013	71
Residents on 12/31/2013	34

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	14
Mental Illness	2
Developmental Disability	0
Circulatory System	2
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	34

Total Residents Diagnosed as Mentally Ill 20

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	43	43	39	43	30	13	43	43
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	22	6	22	4	-4		
TOTAL BEDS	43	65	45	65	34	9	43	43

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2161	13.8%	7461	47.5%	397	33	2298	0	12350	78.7%	78.7%
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	1762	0	1762	0.0%	21.9%
TOTALS	2161	13.8%	7461	47.5%	397	33	4060	0	14112	89.9%	59.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	5	0	0	0	0	0	1	1	6	7
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	0	3	0	0	0	0	1	0	1	3	4
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	4	4	0	0	0	0	1	1	5	5	10
TOTALS	13	17	0	0	0	0	2	2	15	19	34

FLANAGAN REHAB & HEALTH CARE CTR
201 EAST FALCON HIGHWAY
FLANAGAN, IL. 61740

Classification Numbers

License Number	6000939	
Health Service Area	004	
Planning Service Area	105	Livingston

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	17	0	0	5	0	30
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	4	0	4
TOTALS	8	17	0	0	9	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	177
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	58	58

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	30	0	0	4	34
Race Unknown	0	0	0	0	0
Total	30	0	0	4	34

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	30	0	0	4	34
Ethnicity Unknown	0	0	0	0	0
Total	30	0	0	4	34

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	4.00
Certified Aides	17.00
Other Health Staff	2.00
Non-Health Staff	17.00
Totals	44.00

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
38.6%	41.8%	0.0%	0.5%	19.1%	100.0%		
1,010,442	1,094,573	0	12,689	498,619	2,616,323	2,683	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FLORA GARDENS CARE CENTER
701 SHADWELL
FLORA, IL. 62839

Reference Numbers Facility ID 6003172
Health Service Area 005 Planning Service Area 025

Administrator
April Utley

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/1/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Flora Gardens RHCC/Nursing H	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	49
Total Admissions 2013	68
Total Discharges 2013	64
Residents on 12/31/2013	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	5
Mental Illness	1
Developmental Disability	22
Circulatory System	1
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	10
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 16

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	97	97	55	97	53	44	56	110
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	97	97	55	97	53	44	56	110

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1838	9.0%	13416	33.4%	579	0	2660	0	18493	52.2%	52.2%
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	1838	9.0%	13416	33.4%	579	0	2660	0	18493	52.2%	52.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	1	0	0	0	0	0	0	3	1	4
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	5	9	0	0	0	0	0	0	5	9	14
85+	6	17	0	0	0	0	0	0	6	17	23
TOTALS	22	31	0	0	0	0	0	0	22	31	53

FLORA GARDENS CARE CENTER
701 SHADWELL
FLORA, IL. 62839

Classification Numbers

License Number	6003172	
Health Service Area	005	
Planning Service Area	025	Clay

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	43	0	0	7	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	43	0	0	7	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	4.00
Certified Aides	24.00
Other Health Staff	16.00
Non-Health Staff	0.00
Totals	53.00

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
32.1%	54.4%	0.0%	0.0%	13.5%	100.0%		
893,867	1,515,721	0	0	374,579	2,784,167	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FLORA REHAB & HEALTH CARE CTR
232 GIVEN STREET
FLORA, IL. 62839

Reference Numbers Facility ID 6003156
Health Service Area 005 Planning Service Area 025

Administrator
Jodi Sanders

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/1/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Flora RHCC/Nursing Home	41
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	75
Total Admissions 2013	107
Total Discharges 2013	114
Residents on 12/31/2013	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	4
Mental Illness	12
Developmental Disability	0
Circulatory System	11
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	68

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	99	99	68	31	32	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	68	31	32	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4672	40.0%	15601	43.2%	678	266	3856	0	25073	69.4%	69.4%
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	4672	40.0%	15601	43.2%	678	266	3856	0	25073	69.4%	69.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	1	0	0	0	0	0	0	2	1	3
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	10	15	0	0	0	0	0	0	10	15	25
85+	3	22	0	0	0	0	0	0	3	22	25
TOTALS	24	44	0	0	0	0	0	0	24	44	68

FLORA REHAB & HEALTH CARE CTR
232 GIVEN STREET
FLORA, IL. 62839

Classification Numbers

License Number	6003156	
Health Service Area	005	
Planning Service Area	025	Clay

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	43	1	0	13	0	68
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	43	1	0	13	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	68	0	0	0	68
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	9.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	66.00

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
51.0%	39.1%	0.0%	0.0%	9.8%	100.0%		
2,315,088	1,774,009	0	0	446,288	4,535,385	15,305	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FLORENCE NURSING HOME
546 EAST GRANT HIGHWAY
MARENGO, IL. 60152

Reference Numbers Facility ID 6003180
Health Service Area 008 Planning Service Area 111

Administrator
KATHI MILLER

Contact Person and Telephone
KATHI MILLER

Registered Agent Information **Date Completed** 4/3/2014

Building		Reported Age
Building 1	EAST WING	64
Building 2	WEST WING	44
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	40
Total Admissions 2013	109
Total Discharges 2013	104
Residents on 12/31/2013	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	56	56	48	56	45	11	27	34
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	56	56	48	56	45	11	27	34

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2764	28.0%	7018	56.6%	0	0	6699	0	16481	80.6%	80.6%
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	2764	28.0%	7018	56.6%	0	0	6699	0	16481	80.6%	80.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	7	14	0	0	0	0	0	0	7	14	21
85+	0	16	0	0	0	0	0	0	0	16	16
TOTALS	12	33	0	0	0	0	0	0	12	33	45

FLORENCE NURSING HOME
546 EAST GRANT HIGHWAY
MARENGO, IL. 60152

Classification Numbers

License Number	6003180	
Health Service Area	008	
Planning Service Area	111	McHenry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	20	0	0	18	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	20	0	0	18	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	1	0	0	0	1
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	2.00
Certified Aides	15.00
Other Health Staff	2.00
Non-Health Staff	4.00
Totals	30.00

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
34.8%	28.4%	0.0%	0.0%	36.8%	100.0%		
1,120,495	912,810	0	0	1,184,718	3,218,023	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FLOSSMOOR TERRACE
3951 WEST 190TH STREET
FLOSSMOOR, IL. 60422

Reference Numbers Facility ID 6014088
Health Service Area 007 Planning Service Area 705

Administrator
Annette Whitlock

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Flossmoor	19
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1460	######	0	0	0	0	1460	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	######	0	0	0	0	1460	100.0%	100.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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	0	4	0	0	0	4	4

FLOSSMOOR TERRACE
3951 WEST 190TH STREET
FLOSSMOOR, IL. 60422

Classification Numbers

License Number	6014088	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	240
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	2	0	2
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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	353,638	0	0	0	353,638	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FONDULAC REHAB & HEALTHCARE CTR
901 ILLINI DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6003198
Health Service Area 002 Planning Service Area 179

Administrator
Douglas Harridge

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/4/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Fondulac Rehab & Health Care	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	72
Total Admissions 2013	93
Total Discharges 2013	99
Residents on 12/31/2013	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	4
Mental Illness	21
Developmental Disability	5
Circulatory System	14
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	66

Total Residents Diagnosed as Mentally Ill 53

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	76	98	66	32	98	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	76	98	66	32	98	98

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2029	5.7%	15981	44.7%	3646	460	1345	0	23461	65.6%	65.6%
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	2029	5.7%	15981	44.7%	3646	460	1345	0	23461	65.6%	65.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	9	9	0	0	0	0	0	0	9	9	18
85+	7	16	0	0	0	0	0	0	7	16	23
TOTALS	26	40	0	0	0	0	0	0	26	40	66

FONDULAC REHAB & HEALTHCARE CTR
901 ILLINI DRIVE
EAST PEORIA, IL. 61611

Classification Numbers

License Number	6003198	
Health Service Area	002	
Planning Service Area	179	Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	56	0	0	3	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	56	0	0	3	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	138
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	0	66

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	9.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	66.00

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
25.3%	64.5%	0.0%	3.9%	6.3%	100.0%		
938,035	2,387,766	0	145,583	233,273	3,704,657	3,276	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FOREST EDGE HEALTHCARE REHAB CTR
8001 SOUTH WESTERN AVENUE
CHICAGO, IL. 60620

Reference Numbers Facility ID 6000954
Health Service Area 006 Planning Service Area 603

Administrator
nancy given

Contact Person and Telephone
NANCY GIVEN
773-436-6600

Date Completed
3/21/2014

Registered Agent Information
avrum weinfeld
6865 north lincoln ave
Liincolnwood, IL 60712

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	283
Total Admissions 2013	365
Total Discharges 2013	396
Residents on 12/31/2013	252

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	49
Blood Disorders	6
*Nervous System Non Alzheimer	11
Alzheimer Disease	21
Mental Illness	84
Developmental Disability	2
Circulatory System	4
Respiratory System	13
Digestive System	4
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	36
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	252

Total Residents Diagnosed as Mentally Ill 188

Total Residents Reported as Identified Offenders 49

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	328	328	324	328	252	76	108	328
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	328	328	324	328	252	76	108	328

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12347	31.3%	99021	82.7%	0	45	448	0	111861	93.4%	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	12347	31.3%	99021	82.7%	0	45	448	0	111861	93.4%	93.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	19	10	0	0	0	0	0	0	19	10	29
45 to 59	66	37	0	0	0	0	0	0	66	37	103
60 to 64	32	5	0	0	0	0	0	0	32	5	37
65 to 74	29	15	0	0	0	0	0	0	29	15	44
75 to 84	22	11	0	0	0	0	0	0	22	11	33
85+	2	4	0	0	0	0	0	0	2	4	6
TOTALS	170	82	0	0	0	0	0	0	170	82	252

FOREST EDGE HEALTHCARE REHAB CTR
8001 SOUTH WESTERN AVENUE
CHICAGO, IL. 60620

Classification Numbers

License Number	6000954	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	220	0	0	0	0	252
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	32	220	0	0	0	0	252

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	181	0	0	0	181
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	13	0	0	0	13
Total	252	0	0	0	252

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	239	0	0	0	239
Ethnicity Unknown	2	0	0	0	2
Total	252	0	0	0	252

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	22.00
Certified Aides	60.00
Other Health Staff	8.00
Non-Health Staff	101.00
Totals	200.00

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
34.1%	65.4%	0.0%	0.0%	0.4%	100.0%		
5,286,018	10,146,567	0	6,478	64,036	15,503,099	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	11/1/2012	Formerly 'Presidential Pavilion'.
CHOW	11/1/2012	Change of Ownership occurred.

FOREST VIEW REHAB & NURSING CENTER
535 SOUTH ELM
ITASCA, IL. 60143

Reference Numbers Facility ID 6000483
Health Service Area 007 Planning Service Area 703

Administrator
Aaron M. Cohen

Contact Person and Telephone
Aaron M. Cohen
630-773-9416

Date Completed
4/1/2014

Registered Agent Information

Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	81
Total Admissions 2013	106
Total Discharges 2013	60
Residents on 12/31/2013	127

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	39
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	12
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 27

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	144	141	97	100	84	60	76	144
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	144	141	97	100	84	60	76	144

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4621	16.7%	25335	48.2%	0	86	2182	0	32224	61.3%	62.6%
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	4621	16.7%	25335	48.2%	0	86	2182	0	32224	61.3%	62.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	2	0	0	0	0	0	0	2	2	4
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	0	6	0	0	0	0	0	0	0	6	6
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	8	16	0	0	0	0	0	0	8	16	24
85+	8	23	0	0	0	0	0	0	8	23	31
TOTALS	27	57	0	0	0	0	0	0	27	57	84

FOREST VIEW REHAB & NURSING CENTER
535 SOUTH ELM
ITASCA, IL. 60143

Classification Numbers

License Number	6000483	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	68	0	1	8	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	68	0	1	8	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.50
LPN's	10.50
Certified Aides	29.00
Other Health Staff	1.40
Non-Health Staff	24.33
Totals	73.73

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
40.3%	48.8%	0.0%	0.4%	10.5%	100.0%		
2,439,890	2,958,224	0	24,602	638,329	6,061,045	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FORTY-FOURTH STREET PLACE
1479 SOUTH 44TH STREET
DECATUR, IL. 62521

Reference Numbers Facility ID 6013544
Health Service Area 004 Planning Service Area 115

Administrator
VALERIE POLING

Contact Person and Telephone
Dave Jacobus
217-763-2191

Date Completed
3/12/2014

Registered Agent Information
DAVE JACOBUS
2576 N. GREENWAY ROAD
Cerro Gordo, IL 61818

Building	Reported Age
Building 1	46
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	6
Total Admissions 2013	2
Total Discharges 2013	2
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			1932	88.2%	0	0	0	0	1932	88.2%	88.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1932	88.2%	0	0	0	0	1932	88.2%	88.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	3	0	0	0	3	3
60 to 64	0	0	0	0	0	3	0	0	0	3	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	0	6	0	0	0	6	6

FORTY-FOURTH STREET PLACE
1479 SOUTH 44TH STREET
DECATUR, IL. 62521

Classification Numbers

License Number	6013544	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	176	176
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	3.50
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	4.50

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%	88.6%	0.0%	0.0%	11.4%	100.0%		
0	299,799	0	0	38,399	338,198	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FOSTER HEALTH & REHAB CENTER
2840 WEST FOSTER AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000137
Health Service Area 006 Planning Service Area 601

Administrator
SCOTT SCHAYER

Contact Person and Telephone
JUDD SCHNEIDER

Date Completed
4/1/2014

Registered Agent Information
Judd Schneider
2835 W. North Shore Ave.
Chicago, IL 60645

Building	Reported Age
Building 1	63
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	43
Total Admissions 2013	29
Total Discharges 2013	27
Residents on 12/31/2013	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	5
Circulatory System	5
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	48	48	48	48	45	3	0	48
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	48	48	48	48	45	3	0	48

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	18715	######	0	0	650	0	19365	110.5%	110.5%
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	0	0.0%	18715	######	0	0	650	0	19365	110.5%	110.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	1	13	0	0	0	0	0	0	1	13	14
TOTALS	11	34	0	0	0	0	0	0	11	34	45

FOSTER HEALTH & REHAB CENTER
2840 WEST FOSTER AVENUE
CHICAGO, IL. 60625

Classification Numbers

License Number	6000137	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	43	0	0	2	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	43	0	0	2	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	2.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	15.00
Totals	33.00

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
0.0%	97.3%	0.0%	0.0%	2.7%	100.0%		
0	2,340,988	0	0	64,450	2,405,438	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	7/1/2012	Formerly 'Alshore House'.
CHOW	7/1/2012	Change of ownership occurred.

FOSTERBURG TERRACE
4617 WONDERLAND DRIVE
ALTON, IL. 62002

Reference Numbers Facility ID 6013973
Health Service Area 011 Planning Service Area 119

Administrator
Tammy Marsh

Contact Person and Telephone
Tammy Marsh
618-465-0044 ext 1609

Date Completed
3/29/2014

Registered Agent Information
Tom Moehn
4 Emmie Kaus Lane
Alton, IL 62002

Building		Reported Age
Building 1	Alton Bluffs	24
Building 2	Fosterburg	19
Building 3	Lewis & Clark	22
Building 4	Lynhaven	23
Building 5	Twin Rivers	22

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	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5759	98.6%	0	0	0	0	5759	98.6%	98.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5759	98.6%	0	0	0	0	5759	98.6%	98.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	2	0	0	2	2	4
45 to 59	0	0	0	0	7	0	0	0	7	0	7
60 to 64	0	0	0	0	3	1	0	0	3	1	4
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	12	4	0	0	12	4	16

FOSTERBURG TERRACE
4617 WONDERLAND DRIVE
ALTON, IL. 62002

Classification Numbers

License Number	6013973	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	126	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	12.00
Non-Health Staff	0.00
Totals	15.00

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FOUNTAINVIEW HAVEN
ROUTE 45 SOUTH JEFFERSON
ELDORADO, IL. 62930

Reference Numbers Facility ID 6003248
Health Service Area 005 Planning Service Area 059

Administrator
RHONDA TRAVELSTEAD

Contact Person and Telephone
LORI PRITCHARD
618-273-3353

Date Completed
4/1/2014

Registered Agent Information

Building	Reported Age
Building 1 FOUNTAINVIEW	41
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	97
Total Admissions 2013	72
Total Discharges 2013	66
Residents on 12/31/2013	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	20
Mental Illness	31
Developmental Disability	0
Circulatory System	20
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 31

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	111	111	105	111	103	8	38	111
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	111	111	105	111	103	8	38	111

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2542	18.3%	19048	47.0%	0	365	12553	0	34508	85.2%	85.2%
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	2542	18.3%	19048	47.0%	0	365	12553	0	34508	85.2%	85.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	10	0	0	0	0	0	0	3	10	13
75 to 84	2	20	0	0	0	0	0	0	2	20	22
85+	10	56	0	0	0	0	0	0	10	56	66
TOTALS	15	88	0	0	0	0	0	0	15	88	103

FOUNTAINVIEW HAVEN
ROUTE 45 SOUTH JEFFERSON
ELDORADO, IL. 62930

Classification Numbers

License Number	6003248	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	52	0	1	40	0	103
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	52	0	1	40	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	122	104
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	103	0	0	0	103

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	11.00
Certified Aides	32.00
Other Health Staff	0.00
Non-Health Staff	24.00
Totals	73.00

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
24.3%	41.4%	0.0%	1.4%	33.0%	100.0%		
1,011,503	1,725,232	0	56,392	1,375,107	4,168,234	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FOUR SEASONS LIVING CENTER
303 NORTH JACKSON STREET
MORRISON, IL. 61270

Reference Numbers Facility ID 6006381
Health Service Area 001 Planning Service Area 195

Administrator
PAM PFISTER

Contact Person and Telephone
CAMI MEGLI
815-772-5533

Date Completed
3/10/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	29
Total Admissions 2013	25
Total Discharges 2013	28
Residents on 12/31/2013	26

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	5
Developmental Disability	0
Circulatory System	11
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	26

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	38	35	30	35	26	12	24	38
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	38	35	30	35	26	12	24	38

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	5666	40.9%	0	0	4605	0	10271	74.1%	80.4%
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	0	0.0%	5666	40.9%	0	0	4605	0	10271	74.1%	80.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	0	6	0	0	0	0	0	0	0	6	6
85+	4	13	0	0	0	0	0	0	4	13	17
TOTALS	5	21	0	0	0	0	0	0	5	21	26

FOUR SEASONS LIVING CENTER
303 NORTH JACKSON STREET
MORRISON, IL. 61270

Classification Numbers

License Number	6006381	
Health Service Area	001	
Planning Service Area	195	Whiteside

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	15	0	0	11	0	26
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	11	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	26	0	0	0	26
Race Unknown	0	0	0	0	0
Total	26	0	0	0	26

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	26	0	0	0	26
Ethnicity Unknown	0	0	0	0	0
Total	26	0	0	0	26

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.70
LPN's	2.20
Certified Aides	13.20
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	22.10

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
0.0%	42.2%	0.0%	0.0%	57.8%	100.0%		
0	590,795	0	0	810,003	1,400,798	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRANCISCAN VILLAGE
1260 FRANCISCAN DRIVE
LEMONT, IL. 60439

Reference Numbers Facility ID 6012413
Health Service Area 007 Planning Service Area 705

Administrator
Sylvia Czerwinski

Contact Person and Telephone
Kathleen Kelly
708-647-3120

Date Completed
4/2/2014

Registered Agent Information
CT Corporation
208 South LaSalle St.
Chicago, IL 60604

Continuing Care Retirement Community

Building		Reported Age
Building 1	Mother Theresa Home (SNF)	24
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	102
Total Admissions 2013	308
Total Discharges 2013	307
Residents on 12/31/2013	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	4
Developmental Disability	0
Circulatory System	10
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	5
Other Medical Conditions	51
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 43

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	127	127	116	127	103	24	38	29
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	127	127	116	127	103	24	38	29

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9715	70.0%	7848	74.1%	0	302	21184	0	39049	84.2%	84.2%
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	9715	70.0%	7848	74.1%	0	302	21184	0	39049	84.2%	84.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	6	67	0	0	0	0	0	0	6	67	73
TOTALS	16	87	0	0	0	0	0	0	16	87	103

FRANCISCAN VILLAGE
1260 FRANCISCAN DRIVE
LEMONT, IL. 60439

Classification Numbers

License Number	6012413	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	17	0	1	59	0	103
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	17	0	1	59	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	271	244
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	103	0	0	0	103

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.30
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.33
LPN's	12.70
Certified Aides	53.72
Other Health Staff	2.00
Non-Health Staff	41.00
Totals	129.05

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
40.0%	9.8%	0.0%	0.9%	49.3%	100.0%		
4,592,006	1,126,643	0	106,104	5,662,109	11,486,862	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRANKFORT HEALTHCARE & REHAB CTR
2500 EAST ST LOUIS STREET
WEST FRANKFORT, IL. 62896

Reference Numbers Facility ID 6003289
Health Service Area 005 Planning Service Area 055

Administrator
Misty Hargett

Contact Person and Telephone
Misty Hargett
618-932-3236

Date Completed
3/18/2014

Registered Agent Information

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Frankfort Healthcare	39
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	50
Total Admissions 2013	102
Total Discharges 2013	110
Residents on 12/31/2013	42

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	57	57	52	57	42	15	0	57
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	57	57	52	57	42	15	0	57

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2007	0.0%	12208	58.7%	0	0	3865	0	18080	86.9%	86.9%
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	2007	0.0%	12208	58.7%	0	0	3865	0	18080	86.9%	86.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	2	14	0	0	0	0	0	0	2	14	16
85+	3	13	0	0	0	0	0	0	3	13	16
TOTALS	8	34	0	0	0	0	0	0	8	34	42

FRANKFORT HEALTHCARE & REHAB CTR
2500 EAST ST LOUIS STREET
WEST FRANKFORT, IL. 62896

Classification Numbers

License Number	6003289	
Health Service Area	005	
Planning Service Area	055	Franklin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	29	0	0	7	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	29	0	0	7	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	46.00

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
27.6%	58.0%	1.7%	0.4%	12.2%	100.0%		
618,000	1,302,000	39,000	10,000	274,000	2,243,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRANKFORT TERRACE NURSING CENTER
40 NORTH SMITH STREET
FRANKFORT, IL. 60423

Reference Numbers Facility ID 6003297
Health Service Area 009 Planning Service Area 197

Administrator
JUDITH MAJCHROWICZ

Contact Person and Telephone
JUDITH MAJCHROWICZ
815-469-3156

Date Completed
4/3/2014

Registered Agent Information
THOMAS B. HEIN
1S443 SUMIT AVENUE SUITE 204 A&B
Oakbrook Terrace, IL 60181

Building		Reported Age
Building 1	FRANKFORT TERRACE	41
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	117
Total Admissions 2013	29
Total Discharges 2013	35
Residents on 12/31/2013	111

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	97
Developmental Disability	0
Circulatory System	3
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	111

Total Residents Diagnosed as Mentally Ill 97

Total Residents Reported as Identified Offenders 17

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	120	120	111	9	0	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	120	120	111	9	0	120

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	40955	93.5%	0	0	0	994	41949	95.8%	95.8%
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	0	0.0%	40955	93.5%	0	0	0	994	41949	95.8%	95.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	4	0	0	0	0	0	0	3	4	7
45 to 59	25	21	0	0	0	0	0	0	25	21	46
60 to 64	11	7	0	0	0	0	0	0	11	7	18
65 to 74	10	13	0	0	0	0	0	0	10	13	23
75 to 84	7	6	0	0	0	0	0	0	7	6	13
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	57	54	0	0	0	0	0	0	57	54	111

FRANKFORT TERRACE NURSING CENTER
40 NORTH SMITH STREET
FRANKFORT, IL. 60423

Classification Numbers

License Number	6003297	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	107	0	0	0	4	111
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	107	0	0	0	4	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	104
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	47	0	0	0	47
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	111	0	0	0	111

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	0	111

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	34.00
Other Health Staff	8.00
Non-Health Staff	41.00
Totals	96.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	4,348,601	0	0	0	4,348,601	106,358	2.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	6/27/2012	Formerly 'Frankfort Terrace'.
CHOW	6/27/2012	Change of ownership occurred.

FRANKLIN GROVE GROUP
408 NORTH ELM BOX #5
FRANKLIN GROVE, IL. 61031

Reference Numbers Facility ID 6013890
Health Service Area 001 Planning Service Area 103

Administrator
Patricia Howard

Contact Person and Telephone
Ron Heiderscheit
815-288-6691 Ext. 269

Date Completed
3/26/2014

Registered Agent Information
Jeffrey Stauter
500 Anchor Road P.O BOx 366
Dixon, IL 61021

Building		Reported Age
Building 1	Franklin Grove Group Home	20
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	6
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2027	92.6%	0	0	119	0	2146	98.0%	98.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2027	92.6%	0	0	119	0	2146	98.0%	98.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	2	0	0	0	2	0	2
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	6	0	0	0	6	0	6

FRANKLIN GROVE GROUP
408 NORTH ELM BOX #5
FRANKLIN GROVE, IL. 61031

Classification Numbers

License Number	6013890	
Health Service Area	001	
Planning Service Area	103	Lee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		5	0	0	1	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	5	0	0	1	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	194	184
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	6	0	6
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	5.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	7.75

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%	12.5%	87.4%	0.0%	0.0%	100.0%		
0	50,358	352,032	194	194	402,778	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRANKLIN GROVE LIVING & REHAB CENTER
502 NORTH STATE ST. BOX 402
FRANKLIN GROVE, IL. 61031

Reference Numbers Facility ID 6003305
Health Service Area 001 Planning Service Area 103

Administrator
JILL GEE

Contact Person and Telephone
Cheryl Carl
847-982-2300

Date Completed
4/3/2014

Registered Agent Information
MOSHE HERMAN
7434 SKOKIE BLVD
Skokie, IL 60077

Life Care Facility

Building		Reported Age
Building 1	FRANKLIN GROVE LIVING & R	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	110
Total Admissions 2013	81
Total Discharges 2013	94
Residents on 12/31/2013	97

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	12
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	5
Mental Illness	12
Developmental Disability	0
Circulatory System	32
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	13
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	97

Total Residents Diagnosed as Mentally Ill 33

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	121	121	111	121	97	24	70	121
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	121	121	111	121	97	24	70	121

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2865	11.2%	18444	41.8%	0	0	15289	0	36598	82.9%	82.9%
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	2865	11.2%	18444	41.8%	0	0	15289	0	36598	82.9%	82.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	9	18	0	0	0	0	0	0	9	18	27
85+	14	48	0	0	0	0	0	0	14	48	62
TOTALS	27	70	0	0	0	0	0	0	27	70	97

FRANKLIN GROVE LIVING & REHAB CENTER
502 NORTH STATE ST. BOX 402
FRANKLIN GROVE, IL. 61031

Classification Numbers

License Number	6003305	
Health Service Area	001	
Planning Service Area	103	Lee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	52	0	0	35	0	97
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	52	0	0	35	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	196	172
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	12.00
Certified Aides	44.00
Other Health Staff	3.00
Non-Health Staff	48.00
Totals	113.00

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
18.6%	38.4%	0.0%	0.0%	43.0%	100.0%		
1,221,466	2,521,834	0	0	2,827,978	6,571,278	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FREEBURG CARE CENTER
746 URBANNA DRIVE
FREEBURG, IL. 62243

Reference Numbers Facility ID 6003321
Health Service Area 011 Planning Service Area 163

Administrator
Laura Northway

Contact Person and Telephone
Stephani McCaughan

Date Completed
4/2/2014

Registered Agent Information
Larry Rhutasel
4 Industrial Dr
Freeburg, IL 62243

Building		Reported Age
Building 1	Freeburg Care Center	35
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	94
Total Admissions 2013	151
Total Discharges 2013	161
Residents on 12/31/2013	84

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	24
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	118	108	101	108	84	34	20	118
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	118	108	101	108	84	34	20	118

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1221	16.7%	13694	31.8%	0	0	18664	0	33579	78.0%	85.2%
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	1221	16.7%	13694	31.8%	0	0	18664	0	33579	78.0%	85.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	7	21	0	0	0	0	0	0	7	21	28
85+	6	44	0	0	0	0	0	0	6	44	50
TOTALS	16	68	0	0	0	0	0	0	16	68	84

FREEBURG CARE CENTER
746 URBANNA DRIVE
FREEBURG, IL. 62243

Classification Numbers

License Number	6003321	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	34	0	0	44	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	34	0	0	44	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	174	124
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	15.00
Certified Aides	36.00
Other Health Staff	33.00
Non-Health Staff	0.00
Totals	89.00

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
6.3%	35.7%	0.0%	0.0%	58.0%	100.0%		
263,495	1,491,948	0	0	2,428,103	4,183,546	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FREEBURG TERRACE
#4 HILL MINE ROAD
FREEBURG, IL. 62243

Reference Numbers Facility ID 6012637
Health Service Area 011 Planning Service Area 163

Administrator
Angela Wiley

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Freeburg Terrace	23
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	2
Total Discharges 2013	1
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5570	95.4%	0	0	0	0	5570	95.4%	95.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5570	95.4%	0	0	0	0	5570	95.4%	95.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	5	0	0	3	5	8
45 to 59	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	8	8	0	0	8	8	16

FREEBURG TERRACE
#4 HILL MINE ROAD
FREEBURG, IL. 62243

Classification Numbers

License Number	6012637	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	118
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%		0.0%	0.0%	0.0%			
0	650,905		0			0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FREEPORT REHAB & HLTH CARE CTR
900 SOUTH KIWANIS DRIVE
FREEPORT, IL. 61032

Reference Numbers Facility ID 6003339
Health Service Area 001 Planning Service Area 177

Administrator
Erica Sprenger

Contact Person and Telephone
ERICA SPRENGER
815-235-6196

Date Completed
3/24/2014

Registered Agent Information
J Micheal Bibo
285 S. Farnham St.
Galesburg, IL 61401

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	6
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	8
Other Medical Conditions	11
Non-Medical Conditions	1
TOTALS	58

Total Residents Diagnosed as Mentally Ill 14

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Building 1	43
Building 2	Building 2	17
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	61
Total Admissions 2013	141
Total Discharges 2013	144
Residents on 12/31/2013	58

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	143	106	62	106	58	85	143	143
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	143	106	62	106	58	85	143	143

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2834	5.4%	12536	24.0%	0	820	3480	0	19670	37.7%	50.8%
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	2834	5.4%	12536	24.0%	0	820	3480	0	19670	37.7%	50.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	9	13	0	0	0	0	0	0	9	13	22
85+	2	21	0	0	0	0	0	0	2	21	23
TOTALS	18	40	0	0	0	0	0	0	18	40	58

FREEPORT REHAB & HLTH CARE CTR
900 SOUTH KIWANIS DRIVE
FREEPORT, IL. 61032

Classification Numbers

License Number	6003339	
Health Service Area	001	
Planning Service Area	177	Stephenson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	31	0	3	13	0	58
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	31	0	3	13	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	58	0	0	0	58

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	7.00
Certified Aides	38.00
Other Health Staff	0.00
Non-Health Staff	33.00
Totals	91.00

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
31.6%	46.8%	0.0%	2.5%	19.0%	100.0%		
1,152,405	1,703,751	0	92,782	692,621	3,641,559	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FREEPORT TERRACE
2942 HIGHLANDVIEW DRIVE
FREEPORT, IL. 61032

Reference Numbers Facility ID 6010854
Health Service Area 001 Planning Service Area 177

Administrator
Steve Bennett

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Freeport Terrace	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	2
Total Discharges 2013	2
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5203	89.1%	0	0	0	0	5203	89.1%	89.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5203	89.1%	0	0	0	0	5203	89.1%	89.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	1	0	0	4	1	5
45 to 59	0	0	0	0	5	3	0	0	5	3	8
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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	10	5	0	0	10	5	15

FREEPORT TERRACE
2942 HIGHLANDVIEW DRIVE
FREEPORT, IL. 61032

Classification Numbers

License Number	6010854	
Health Service Area	001	
Planning Service Area	177	Stephenson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	125
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	631,027	0	0	0	631,027	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRIENDSHIP HOME
826 NORTH HIGH
CARLINVILLE, IL. 62626

Reference Numbers Facility ID 6005979
Health Service Area 003 Planning Service Area 117

Administrator
Janet Goodwin

Contact Person and Telephone
JANET GOODWIN
217-854-9606

Date Completed
4/24/2014

Registered Agent Information
C.T. Corporation System
208 South LaSalle Street, #814
Chicago, IL 60604

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	1
Circulatory System	2
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	34

Total Residents Diagnosed as Mentally Ill 24

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Facility	40
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	33
Total Admissions 2013	59
Total Discharges 2013	58
Residents on 12/31/2013	34

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	49	39	40	34	15	47	47
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	49	49	39	40	34	15	47	47

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2287	13.3%	6103	35.6%	0	8	4262	0	12660	70.8%	70.8%
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	2287	13.3%	6103	35.6%	0	8	4262	0	12660	70.8%	70.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	5	8	0	0	0	0	0	0	5	8	13
85+	6	7	0	0	0	0	0	0	6	7	13
TOTALS	14	20	0	0	0	0	0	0	14	20	34

FRIENDSHIP HOME
826 NORTH HIGH
CARLINVILLE, IL. 62626

Classification Numbers

License Number	6005979	
Health Service Area	003	
Planning Service Area	117	Macoupin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	17	0	0	12	0	34
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	17	0	0	12	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	129
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	34	0	0	0	34

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	34	0	0	0	34
Ethnicity Unknown	0	0	0	0	0
Total	34	0	0	0	34

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	5.00
Certified Aides	21.00
Other Health Staff	2.00
Non-Health Staff	16.00
Totals	49.00

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%	51.4%	0.0%	0.4%	48.2%	100.0%		
1,153	683,189	0	5,350	640,563	1,330,255	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRIENDSHIP MANOR
1209 21ST AVENUE
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6003388
Health Service Area 010 Planning Service Area 161

Administrator
Ted Pappas Jr.

Contact Person and Telephone
KAREN BUCHANAN
309-794-4105

Date Completed
3/31/2014

Registered Agent Information
Durward Jamieson Long, Jr.
4101 John Deere Rd., Suite A
Moline, IL 61265

Continuing Care Retirement Community
Life Care Facility

Building		Reported Age
Building 1	Entire facility	35
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	89
Total Admissions 2013	172
Total Discharges 2013	175
Residents on 12/31/2013	86

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	1
Circulatory System	14
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	2
Other Medical Conditions	37
Non-Medical Conditions	0
TOTALS	86

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	89	89	89	89	82	7	81	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	4	4	4	4	4	0		
TOTAL BEDS	93	93	93	93	86	7	81	49

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4237	14.3%	7719	43.2%	0	684	17424	0	30064	92.5%	92.5%
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	1877	0	1877	128.6%	128.6%
TOTALS	4237	14.3%	7719	43.2%	0	684	19301	0	31941	94.1%	94.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	1	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	1	0	2	1	3
75 to 84	2	15	0	0	0	0	0	0	2	15	17
85+	12	51	0	0	0	0	0	2	12	53	65
TOTALS	15	67	0	0	0	0	1	3	16	70	86

FRIENDSHIP MANOR
1209 21ST AVENUE
ROCK ISLAND, IL. 61201

Classification Numbers

License Number	6003388	
Health Service Area	010	
Planning Service Area	161	Rock Island

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	22	0	0	48	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	4	0	4
TOTALS	12	22	0	0	52	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	207
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	240	207

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	4	77
Race Unknown	6	0	0	0	6
Total	82	0	0	4	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	81	0	0	4	85
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	4	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.50
LPN's	13.70
Certified Aides	46.79
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	75.99

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
28.1%	13.9%	0.0%	9.7%	48.3%	100.0%		
1,932,576	956,752	0	670,164	3,330,034	6,889,526	227,970	3.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRIENDSHIP MANOR HEALTH CARE
485 SOUTH FRIENDSHIP DRIVE
NASHVILLE, IL. 62263

Reference Numbers Facility ID 6015895
Health Service Area 005 Planning Service Area 189

Administrator
CATHY LIETZ

Contact Person and Telephone
DAWN MCCULLAH
618-327-3041

Date Completed
3/25/2014

Registered Agent Information
CATHY LIETZ
485 S FRIENDSHIP DR
Nashville, IL 62263

Building		Reported Age
Building 1	FRIENDSHIP MANOR HEALTH	50
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	111
Total Admissions 2013	72
Total Discharges 2013	78
Residents on 12/31/2013	105

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	8
Mental Illness	11
Developmental Disability	0
Circulatory System	23
Respiratory System	4
Digestive System	8
Genitourinary System Disorders	13
Skin Disorders	3
Musculo-skeletal Disorders	7
Injuries and Poisonings	12
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	105

Total Residents Diagnosed as Mentally Ill 31

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	230	230	116	230	105	125	31	230
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	230	230	116	230	105	125	31	230

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3672	32.5%	16057	19.1%	0	0	19584	0	39313	46.8%	46.8%
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	3672	32.5%	16057	19.1%	0	0	19584	0	39313	46.8%	46.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	6	19	0	0	0	0	0	0	6	19	25
85+	13	53	0	0	0	0	0	0	13	53	66
TOTALS	27	78	0	0	0	0	0	0	27	78	105

FRIENDSHIP MANOR HEALTH CARE
485 SOUTH FRIENDSHIP DRIVE
NASHVILLE, IL. 62263

Classification Numbers

License Number	6015895	
Health Service Area	005	
Planning Service Area	189	Washington

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	38	0	0	58	0	105
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	38	0	0	58	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	141	116
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	0	0	0	0	0
Total	105	0	0	0	105

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	105	0	0	0	105
Ethnicity Unknown	0	0	0	0	0
Total	105	0	0	0	105

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	17.00
Certified Aides	32.00
Other Health Staff	0.00
Non-Health Staff	52.00
Totals	112.00

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
4.8%	40.6%	0.0%	50.1%	4.5%	100.0%		
211,915	1,797,112	0	2,214,274	199,622	4,422,923	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRIENDSHIP MANOR OF ST. ELMO
221 E. CUMBERLAND ROAD
ST. ELMO, IL. 62458

Reference Numbers Facility ID 6004204
Health Service Area 005 Planning Service Area 051

Administrator
Charles Hutson

Contact Person and Telephone
CHARLES HUTSON
618-829-5581

Date Completed
3/27/2014

Registered Agent Information
James Stout
324 W. Main St.
Bridgeport, IL 62417

Building	Reported Age
Building 1 Main	44
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	45
Total Admissions 2013	32
Total Discharges 2013	30
Residents on 12/31/2013	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	16
Mental Illness	6
Developmental Disability	1
Circulatory System	5
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	60	49	60	47	13	44	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	60	49	60	47	13	44	60

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2534	15.8%	10102	46.1%	0	0	3686	0	16322	74.5%	74.5%
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	2534	15.8%	10102	46.1%	0	0	3686	0	16322	74.5%	74.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	4	14	0	0	0	0	0	0	4	14	18
85+	3	19	0	0	0	0	0	0	3	19	22
TOTALS	12	35	0	0	0	0	0	0	12	35	47

FRIENDSHIP MANOR OF ST. ELMO
221 E. CUMBERLAND ROAD
ST. ELMO, IL. 62458

Classification Numbers

License Number	6004204	
Health Service Area	005	
Planning Service Area	051	Fayette

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	29	0	0	13	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	29	0	0	13	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	7.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	46.50

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
40.4%	41.8%	0.0%	0.0%	17.7%	100.0%		
1,024,136	1,060,180	0	0	449,629	2,533,945	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Friendship Village Mill Creek
0N801 FRIENDSHIP WAY
GENEVA, IL. 60134

Reference Numbers Facility ID 6016570
Health Service Area 008 Planning Service Area 089

Administrator
Lynn Blackburn

Contact Person and Telephone
Judi Donovan
630-578-7903

Date Completed
4/21/2014

Registered Agent Information
Don Hemmesch
10 S Lasalle Suite 2662
Chicago, IL 60603

Continuing Care Retirement Community

Building	Reported Age
Building 1 Entire Community	2
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	0
Total Admissions 2013	39
Total Discharges 2013	25
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	43	28	16	28	14	29	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	43	28	16	28	14	29	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	2836	0	2836	18.1%	27.7%
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	0	0.0%	0	0.0%	0	0	2836	0	2836	18.1%	27.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	3	1	0	0	0	0	0	0	3	1	4
85+	5	5	0	0	0	0	0	0	5	5	10
TOTALS	8	6	0	0	0	0	0	0	8	6	14

Friendship Village Mill Creek
0N801 FRIENDSHIP WAY
GENEVA, IL. 60134

Classification Numbers

License Number	6016570	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	14	0	14
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	14	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	390	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	14	0	0	0	14
Race Unknown	0	0	0	0	0
Total	14	0	0	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	14	0	0	0	14
Ethnicity Unknown	0	0	0	0	0
Total	14	0	0	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.50
LPN's	0.00
Certified Aides	12.00
Other Health Staff	1.00
Non-Health Staff	6.00
Totals	29.50

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%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	69,644	69,644	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRIENDSHIP VILLAGE OF SCHAUMBURG
350 WEST SCHAUMBURG ROAD
SCHAUMBURG, IL. 60194

Reference Numbers Facility ID 6003404
Health Service Area 007 Planning Service Area 701

Administrator
Tony Madl

Contact Person and Telephone
Jeff Nyberg
847-843-4259

Date Completed
4/4/2014

Registered Agent Information
STEPHEN A YENCHEK
350 WEST SCHAUMBURG ROAD
Schaumburg, IL 60194

Continuing Care Retirement Community
Life Care Facility

Building		Reported Age
Building 1	BRIDGEGATE, HEATHCARE E	37
Building 2	SPECIAL CARE UNIT	20
Building 3	HEALTHCARE G	15
Building 4	GARDEN HOMES	10
Building 5	BRIDGEWATER PLACE	7

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	227
Total Admissions 2013	509
Total Discharges 2013	521
Residents on 12/31/2013	215

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	14
Alzheimer Disease	93
Mental Illness	0
Developmental Disability	0
Circulatory System	52
Respiratory System	19
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	215

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	250	248	228	239	215	35	250	190
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	250	248	228	239	215	35	250	190

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14556	16.0%	18492	26.7%	0	0	44036	66	77150	84.5%	85.2%
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	14556	16.0%	18492	26.7%	0	0	44036	66	77150	84.5%	85.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	9	35	0	0	0	0	0	0	9	35	44
85+	30	132	0	0	0	0	0	0	30	132	162
TOTALS	43	172	0	0	0	0	0	0	43	172	215

FRIENDSHIP VILLAGE OF SCHAUMBURG
350 WEST SCHAUMBURG ROAD
SCHAUMBURG, IL. 60194

Classification Numbers

License Number	6003404	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	47	0	0	127	0	215
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	41	47	0	0	127	0	215

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	394	327
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	211	0	0	0	211
Race Unknown	0	0	0	0	0
Total	215	0	0	0	215

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	214	0	0	0	214
Ethnicity Unknown	0	0	0	0	0
Total	215	0	0	0	215

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.60
LPN's	7.70
Certified Aides	83.10
Other Health Staff	20.50
Non-Health Staff	15.30
Totals	159.20

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
37.2%	13.2%	0.0%	0.0%	49.5%	100.0%		
7,721,190	2,749,260	0	0	10,281,253	20,751,703	941,000	4.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FROELICH HOUSE
356 SOUTH MICHIGAN AVENUE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010193
Health Service Area 002 Planning Service Area 095

Administrator
Tiffany Lair

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Froehlich House	26
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	1
Total Discharges 2013	2
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4276	73.2%	0	0	0	0	4276	73.2%	73.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4276	73.2%	0	0	0	0	4276	73.2%	73.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	4	0	0	2	4	6
45 to 59	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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	7	8	0	0	7	8	15

FROELICH HOUSE
356 SOUTH MICHIGAN AVENUE
GALESBURG, IL. 61401

Classification Numbers

License Number	6010193	
Health Service Area	002	
Planning Service Area	095	Knox

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	120
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	691,517	0	0	0	691,517	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GAINES MILL PLACE
3310 GAINES MILL ROAD
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6010235
Health Service Area 003 Planning Service Area 167

Administrator
Russ Bogdanovich

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Gaines Mill Place	24
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	2
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5639	96.6%	0	0	0	0	5639	96.6%	96.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5639	96.6%	0	0	0	0	5639	96.6%	96.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	1	0	0	1	1	2
45 to 59	0	0	0	0	5	5	0	0	5	5	10
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	6	0	0	8	6	14

GAINES MILL PLACE
3310 GAINES MILL ROAD
SPRINGFIELD, IL. 62704

Classification Numbers

License Number	6010235	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	113
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	655,125	0	0	0	655,125	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GALENA-STAUSS NURSING HOME
215 SUMMIT STREET
GALENA, IL. 61036

Reference Numbers Facility ID 6003438
Health Service Area 001 Planning Service Area 085

Administrator
Hesper Nowatzki

Contact Person and Telephone
Hesper Nowatzki
815-776-7255

Date Completed
3/22/2014

Registered Agent Information
Stephen Moore
100 Park Ave
Rockford, IL 61101

Building		Reported Age
Building 1	Nursing Home	42
Building 2	Assisted Living	14
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	45
Total Admissions 2013	41
Total Discharges 2013	39
Residents on 12/31/2013	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	1
Circulatory System	12
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	57	57	54	57	47	10	57	57
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	57	57	54	57	47	10	57	57

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	77	0.4%	10909	52.4%	0	0	7131	0	18117	87.1%	87.1%
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	77	0.4%	10909	52.4%	0	0	7131	0	18117	87.1%	87.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	3	8	0	0	0	0	0	0	3	8	11
85+	5	24	0	0	0	0	0	0	5	24	29
TOTALS	11	36	0	0	0	0	0	0	11	36	47

GALENA-STAUSS NURSING HOME
215 SUMMIT STREET
GALENA, IL. 61036

Classification Numbers

License Number	6003438	
Health Service Area	001	
Planning Service Area	085	Jo Daviess

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	30	0	0	12	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	30	0	0	12	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	209
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	45.00

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
1.4%	43.4%	0.0%	0.0%	55.2%	100.0%		
35,274	1,124,685	0	0	1,430,614	2,590,573	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GALESBURG COTTAGE HOSPITAL
695 NORTH KELLOG STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6012785
Health Service Area 002 Planning Service Area 095

Administrator
Earl Tamar

Contact Person and Telephone
Dawn Stambaugh

Registered Agent Information
N/A

Date Completed
4/1/2014

Building		Reported Age
Building 1	Galesburg Cottage Hospital TCU	41
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	24
Total Admissions 2013	516
Total Discharges 2013	519
Residents on 12/31/2013	21

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	21

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	34	34	32	34	21	13	34	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	34	34	32	34	21	13	34	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5781	46.6%	0	0.0%	0	678	0	0	6459	52.0%	52.0%
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	5781	46.6%	0	0.0%	0	678	0	0	6459	52.0%	52.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	10	11	0	0	0	0	0	0	10	11	21

GALESBURG COTTAGE HOSPITAL
695 NORTH KELLOG STREET
GALESBURG, IL. 61401

Classification Numbers

License Number	6012785	
Health Service Area	002	
Planning Service Area	095	Knox

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	0	0	3	0	0	21
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	0	0	3	0	0	21

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	762	661
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	21	0	0	0	21
Race Unknown	0	0	0	0	0
Total	21	0	0	0	21

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	20	0	0	0	20
Ethnicity Unknown	0	0	0	0	0
Total	21	0	0	0	21

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.91
LPN's	1.35
Certified Aides	3.02
Other Health Staff	7.89
Non-Health Staff	2.45
Totals	31.62

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
51.7%	0.0%	0.0%	48.3%	0.0%	100.0%		
1,320,176	0	0	1,232,858	0	2,553,034	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GALESBURG TERRACE
1145 FRANK STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6000434
Health Service Area 002 Planning Service Area 095

Administrator
Karen Leighty

Contact Person and Telephone
Karen Leighty
309-342-2103

Date Completed
3/31/2014

Registered Agent Information
Eva Lerner
3552 West Peterson Avenue Suite 101
Chicago, IL 60659

Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	48
Total Admissions 2013	62
Total Discharges 2013	32
Residents on 12/31/2013	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	10
Mental Illness	36
Developmental Disability	6
Circulatory System	0
Respiratory System	20
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 41

Total Residents Reported as Identified Offenders 11

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	108	108	78	108	78	30	28	108
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	108	108	78	108	78	30	28	108

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	506	5.0%	16870	42.8%	0	0	801	0	18177	46.1%	46.1%
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	506	5.0%	16870	42.8%	0	0	801	0	18177	46.1%	46.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	10	3	0	0	0	0	0	0	10	3	13
45 to 59	11	14	0	0	0	0	0	0	11	14	25
60 to 64	8	5	0	0	0	0	0	0	8	5	13
65 to 74	7	8	0	0	0	0	0	0	7	8	15
75 to 84	3	6	0	0	0	0	0	0	3	6	9
85+	2	1	0	0	0	0	0	0	2	1	3
TOTALS	41	37	0	0	0	0	0	0	41	37	78

GALESBURG TERRACE
1145 FRANK STREET
GALESBURG, IL. 61401

Classification Numbers

License Number	6000434	
Health Service Area	002	
Planning Service Area	095	Knox

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	73	0	0	1	0	78
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	73	0	0	1	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	126
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	12.00
Certified Aides	16.00
Other Health Staff	2.00
Non-Health Staff	17.00
Totals	52.00

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
8.5%	79.0%	0.0%	0.6%	11.9%	100.0%		
247,203	2,298,502	0	17,618	346,080	2,909,403	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GARDEN CENTER SERVICES
8345 SOUTH AUSTIN AVENUE
BURBANK, IL. 60459

Reference Numbers Facility ID 6012561
Health Service Area 007 Planning Service Area 705

Administrator
Sheryl Kincinas

Contact Person and Telephone
Kathleen Proffitt
708-398-6554

Date Completed
3/20/2014

Registered Agent Information

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Garden Center Burbank ICF 834	24
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	1
Total Discharges 2013	0
Residents on 12/31/2013	15

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	15	0		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	15

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5475	######	0	0	0	0	5475	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	######	0	0	0	0	5475	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	1	0	0	3	1	4
45 to 59	0	0	0	0	1	4	0	0	1	4	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	4	0	0	1	4	5
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	6	9	0	0	6	9	15

GARDEN CENTER SERVICES
8345 SOUTH AUSTIN AVENUE
BURBANK, IL. 60459

Classification Numbers

License Number	6012561	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	144	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	1.00
Certified Aides	0.00
Other Health Staff	1.00
Non-Health Staff	10.00
Totals	14.00

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
0.0%		0.0%	0.0%				
0	542,636		0	171,620		0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Gardenview Manor
14792 CATLIN - TILTON ROAD
DANVILLE, IL. 61834

Reference Numbers Facility ID 6009567
Health Service Area 004 Planning Service Area 183

Administrator
Joan C Darr

Contact Person and Telephone
Joan C Darr
217-443-6430

Date Completed
4/3/2014

Registered Agent Information

Building	Reported Age
Building 1	40
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	151
Total Admissions 2013	124
Total Discharges 2013	149
Residents on 12/31/2013	126

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	21
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	15
Mental Illness	3
Developmental Disability	4
Circulatory System	30
Respiratory System	13
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	10
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	126

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	237	223	160	223	126	111	142	237
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	237	223	160	223	126	111	142	237

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4765	9.2%	38115	44.1%	365	169	4380	0	47794	55.2%	58.7%
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	4765	9.2%	38115	44.1%	365	169	4380	0	47794	55.2%	58.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	6	8	0	0	0	0	0	0	6	8	14
65 to 74	13	14	0	0	0	0	0	0	13	14	27
75 to 84	14	16	0	0	0	0	0	0	14	16	30
85+	14	32	0	0	0	0	0	0	14	32	46
TOTALS	51	75	0	0	0	0	0	0	51	75	126

Gardenview Manor
14792 CATLIN - TILTON ROAD
DANVILLE, IL. 61834

Classification Numbers

License Number	6009567	
Health Service Area	004	
Planning Service Area	183	Vermilion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	97	1	1	12	0	126
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	97	1	1	12	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	167	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	0	0	0	0	0
Total	126	0	0	0	126

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	126	0	0	0	126
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	8.00
Certified Aides	46.00
Other Health Staff	5.00
Non-Health Staff	49.00
Totals	123.00

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
31.8%	41.2%	0.8%	0.6%	25.7%	100.0%		
2,108,110	2,727,678	53,255	36,848	1,701,730	6,627,621	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GATEWAY REGIONAL MEDICAL CENTER SNF
2100 MADISON AVENUE
GRANITE CITY, IL. 62040

Reference Numbers Facility ID 6008908
Health Service Area 011 Planning Service Area 119

Administrator
M. Ed Cunningham

Contact Person and Telephone
DAN J. KERNEBECK
618-798-3623

Date Completed
2/28/2014

Registered Agent Information
Corporation Service Company
2711 Centerville Road
Wilington, DE 19808

Building	Reported Age
Building 1 South Wing	45
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	8
Total Admissions 2013	260
Total Discharges 2013	263
Residents on 12/31/2013	5

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
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	5
Non-Medical Conditions	0
TOTALS	5

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	19	13	13	12	5	14	19	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	19	13	13	12	5	14	19	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1871	27.0%	17	0.0%	7	683	0	0	2578	37.2%	54.3%
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	1871	27.0%	17	0.0%	7	683	0	0	2578	37.2%	54.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	0	2	0	0	0	0	0	0	0	2	2
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	1	4	0	0	0	0	0	0	1	4	5

GATEWAY REGIONAL MEDICAL CENTER SNF
2100 MADISON AVENUE
GRANITE CITY, IL. 62040

Classification Numbers

License Number	6008908	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	0	0	1	0	0	5
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	0	0	1	0	0	5

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	1	1
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	5	0	0	0	5
Race Unknown	0	0	0	0	0
Total	5	0	0	0	5

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	5	0	0	0	5
Ethnicity Unknown	0	0	0	0	0
Total	5	0	0	0	5

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	4.00
Certified Aides	2.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	15.00

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
54.1%	0.0%	0.0%	45.9%	0.0%	100.0%		
263,474	0	0	223,588	0	487,062	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GAYLORD TULL HOUSE
1911 18TH STREET
CHARLESTON, IL. 61920

Reference Numbers Facility ID 6010334
Health Service Area 004 Planning Service Area 029

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217-398-0754 ext 13

Date Completed
4/1/2014

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

Building	Reported Age
Building 1 1911 18th st	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	0
Total Discharges 2013	2
Residents on 12/31/2013	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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	13

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	13	3	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5342	91.5%	0	0	0	0	5342	91.5%	91.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5342	91.5%	0	0	0	0	5342	91.5%	91.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	4	2	0	0	4	2	6
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	9	4	0	0	9	4	13

GAYLORD TULL HOUSE
1911 18TH STREET
CHARLESTON, IL. 61920

Classification Numbers

License Number	6010334	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	152	152
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	12.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	650,698	0	0	0	650,698	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Genesis Senior Living, Aledo
309 NW 9TH AVENUE
ALEDO, IL. 61231

Reference Numbers Facility ID 6006076
Health Service Area 010 Planning Service Area 131

Administrator
Myron Higgins

Contact Person and Telephone
MARYBETH SACKVILLE
309-582-9404

Date Completed
3/17/2014

Registered Agent Information
Theresa Main
801 Illini Drive
Silvis, IL 61282

Building	Reported Age
Building 1 309 NW 9th Avenue	43
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	87
Total Admissions 2013	52
Total Discharges 2013	60
Residents on 12/31/2013	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	24
Mental Illness	1
Developmental Disability	0
Circulatory System	11
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	92	92	92	92	79	13	0	92
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	92	92	92	92	79	13	0	92

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	489	0.0%	16675	49.7%	0	0	13073	0	30237	90.0%	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	489	0.0%	16675	49.7%	0	0	13073	0	30237	90.0%	90.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	7	12	0	0	0	0	0	0	7	12	19
85+	4	52	0	0	0	0	0	0	4	52	56
TOTALS	12	67	0	0	0	0	0	0	12	67	79

Genesis Senior Living, Aledo
309 NW 9TH AVENUE
ALEDO, IL. 61231

Classification Numbers

License Number	6006076	
Health Service Area	010	
Planning Service Area	131	Mercer

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	46	0	0	33	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	46	0	0	33	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	173	162
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.80
LPN's	10.10
Certified Aides	24.60
Other Health Staff	2.40
Non-Health Staff	42.34
Totals	84.24

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%	67.9%	0.0%	0.0%	32.1%	100.0%		
0	1,122,577	0	0	529,743	1,652,320	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GENEVA NURSING & REHAB CENTER
1101 EAST STATE STREET
GENEVA, IL. 60134

Reference Numbers Facility ID 6003503
Health Service Area 008 Planning Service Area 089

Administrator
Helen Sicat

Contact Person and Telephone
Helen Sicat
630-232-7544

Date Completed
4/7/2014

Registered Agent Information
Gary Weintraub
465 Central Ave. Suite 100
Northfield, IL 60093

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	90
Total Admissions 2013	195
Total Discharges 2013	185
Residents on 12/31/2013	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	7
Mental Illness	15
Developmental Disability	0
Circulatory System	22
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	3
TOTALS	83

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	107	103	95	103	83	24	107	107
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	107	103	95	103	83	24	107	107

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6646	17.0%	20921	53.6%	0	253	4119	0	31939	81.8%	85.0%
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	6646	17.0%	20921	53.6%	0	253	4119	0	31939	81.8%	85.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	5	21	0	0	0	0	0	0	5	21	26
85+	6	32	0	0	0	0	0	0	6	32	38
TOTALS	19	64	0	0	0	0	0	0	19	64	83

GENEVA NURSING & REHAB CENTER
1101 EAST STATE STREET
GENEVA, IL. 60134

Classification Numbers

License Number	6003503	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	52	0	1	8	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	52	0	1	8	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	297	242
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	1	0	0	0	1
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.50
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	3.00
Certified Aides	26.00
Other Health Staff	2.00
Non-Health Staff	22.00
Totals	65.50

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
52.7%	30.5%	9.7%	2.7%	4.4%	100.0%		
3,871,402	2,242,279	710,077	196,836	322,098	7,342,692	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GHS, dba. ILLINI RESTORATIVE CARE
1455 HOSPITAL ROAD
SILVIS, IL. 61282

Reference Numbers Facility ID 6013023
Health Service Area 010 Planning Service Area 161

Administrator
Debra Slater

Contact Person and Telephone
DEBRA SLATER
309-281-3270

Date Completed
3/27/2014

Registered Agent Information
Joddi Lynn Schuldt
801 Illini Drive
Silvis, IL 61282

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	3
Developmental Disability	0
Circulatory System	19
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	52
TOTALS	108

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Illini Restorative Care	23
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	103
Total Admissions 2013	686
Total Discharges 2013	681
Residents on 12/31/2013	108

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	83	83	82	83	76	7	83	83
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	37	37	32	37	32	5		
TOTAL BEDS	120	120	114	120	108	12	83	83

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11325	37.4%	5216	17.2%	0	0	9458	0	25999	85.8%	85.8%
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	11175	0	11175	82.7%	82.7%
TOTALS	11325	37.4%	5216	17.2%	0	0	20633	0	37174	84.9%	84.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	5	4	0	0	0	0	0	1	5	5	10
75 to 84	3	10	0	0	0	0	2	3	5	13	18
85+	10	41	0	0	0	0	6	20	16	61	77
TOTALS	20	56	0	0	0	0	8	24	28	80	108

GHS, dba. ILLINI RESTORATIVE CARE
1455 HOSPITAL ROAD
SILVIS, IL. 61282

Classification Numbers

License Number	6013023	
Health Service Area	010	
Planning Service Area	161	Rock Island

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	12	0	0	29	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	32	0	32
TOTALS	35	12	0	0	61	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	242	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	169	149

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	32	108
Race Unknown	0	0	0	0	0
Total	76	0	0	32	108

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	72	0	0	32	104
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	32	108

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.70
LPN's	9.10
Certified Aides	35.50
Other Health Staff	13.30
Non-Health Staff	14.80
Totals	89.40

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
48.4%	25.9%	0.0%	11.7%	14.0%	100.0%		
3,988,915	2,129,509	0	967,452	1,151,337	8,237,213	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	8/21/2012	Facility converted 8 beds from Sheltered Care to Nursing Care. The facility now has 83 Nursing Care beds and 37 Sheltered Care beds.

GIBSON COMMUNITY HOSPITAL
1120 N MELVIN ST
GIBSON CITY, IL. 60936

Reference Numbers Facility ID 9053001
Health Service Area 004 Planning Service Area 053

Administrator
KAREN CHRISTENSEN

Contact Person and Telephone
KAREN CHRISTENSEN
217-784-2566

Date Completed
2/26/2014

Registered Agent Information
Jim Hood
1120 N. Melvin St.
Gibson City, IL 60936

Building		Reported Age
Building 1	Gibson Area Hospital Annex	52
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	11
Total Admissions 2013	36
Total Discharges 2013	37
Residents on 12/31/2013	10

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	10

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	16	15	13	15	10	6	5	16
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	15	13	15	10	6	5	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	763	41.8%	1347	23.1%	0	0	1673	0	3783	64.8%	69.1%
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	763	41.8%	1347	23.1%	0	0	1673	0	3783	64.8%	69.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	2	0	0	0	0	0	0	0	2	0	2
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	5	5	0	0	0	0	0	0	5	5	10

GIBSON COMMUNITY HOSPITAL
1120 N MELVIN ST
GIBSON CITY, IL. 60936

Classification Numbers

License Number	9053001	
Health Service Area	004	
Planning Service Area	053	Ford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	3	0	0	4	0	10
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	3	0	0	4	0	10

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	10	0	0	0	10
Race Unknown	0	0	0	0	0
Total	10	0	0	0	10

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	10	0	0	0	10
Ethnicity Unknown	0	0	0	0	0
Total	10	0	0	0	10

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	3.00
LPN's	3.00
Certified Aides	11.00
Other Health Staff	0.50
Non-Health Staff	1.00
Totals	19.50

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
25.4%	25.0%	0.0%	8.4%	41.1%	100.0%		
199,675	196,659	0	66,219	323,282	785,835	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GIBSON COMMUNITY HOSPITAL ANNEX
430 EAST 19TH
GIBSON CITY, IL. 60936

Reference Numbers Facility ID 6003552
Health Service Area 004 Planning Service Area 053

Administrator
Karen Christensen

Contact Person and Telephone
KAREN CHRISTENSEN
217-784-2566

Date Completed
2/26/2014

Registered Agent Information
Jim Hood
1120 N. Melvin St.
Gibson City, IL 60936

Building		Reported Age
Building 1	Gibson Area Hospital Annex	52
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	25
Total Admissions 2013	8
Total Discharges 2013	10
Residents on 12/31/2013	23

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	6
Developmental Disability	0
Circulatory System	7
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	23

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	26	26	25	26	23	3	5	16
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	26	26	25	26	23	3	5	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	365	6.3%	0	0	8259	0	8624	90.9%	90.9%
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	0	0.0%	365	6.3%	0	0	8259	0	8624	90.9%	90.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	4	13	0	0	0	0	0	0	4	13	17
TOTALS	6	17	0	0	0	0	0	0	6	17	23

GIBSON COMMUNITY HOSPITAL ANNEX
430 EAST 19TH
GIBSON CITY, IL. 60936

Classification Numbers

License Number	6003552	
Health Service Area	004	
Planning Service Area	053	Ford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	1	0	0	22	0	23
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	1	0	0	22	0	23

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	23	0	0	0	23
Race Unknown	0	0	0	0	0
Total	23	0	0	0	23

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	23	0	0	0	23
Ethnicity Unknown	0	0	0	0	0
Total	23	0	0	0	23

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	3.00
LPN's	3.00
Certified Aides	11.00
Other Health Staff	0.50
Non-Health Staff	1.00
Totals	19.50

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%	2.8%	0.0%	0.0%	97.2%	100.0%		
0	42,521	0	0	1,500,137	1,542,658	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GILMAN HEALTHCARE CENTER
1390 S. CRESCENT ST.
GILMAN, IL. 60938

Reference Numbers Facility ID 6003578
Health Service Area 004 Planning Service Area 075

Administrator
Jason Young

Contact Person and Telephone
Holly Zirkle
815-265-7208

Date Completed
3/31/2014

Registered Agent Information
Stephen Sher
5750 Old Orchard Rd. Ste. 420
Skokie, IL 60077

Building		Reported Age
Building 1	Original Facility	44
Building 2	Addition to Original Facility	25
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	67
Total Admissions 2013	118
Total Discharges 2013	119
Residents on 12/31/2013	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	5
Developmental Disability	0
Circulatory System	7
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	5
Other Medical Conditions	14
Non-Medical Conditions	3
TOTALS	66

Total Residents Diagnosed as Mentally Ill 48

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	72	99	66	33	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	72	99	66	33	99	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4194	11.6%	14806	41.0%	0	94	3523	0	22617	62.6%	62.6%
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	4194	11.6%	14806	41.0%	0	94	3523	0	22617	62.6%	62.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	5	2	0	0	0	0	0	0	5	2	7
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	8	10	0	0	0	0	0	0	8	10	18
85+	5	21	0	0	0	0	0	0	5	21	26
TOTALS	25	41	0	0	0	0	0	0	25	41	66

GILMAN HEALTHCARE CENTER
1390 S. CRESCENT ST.
GILMAN, IL. 60938

Classification Numbers

License Number	6003578	
Health Service Area	004	
Planning Service Area	075	Iroquois

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	41	0	1	8	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	41	0	1	8	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	204	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	0	66

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	10.00
Certified Aides	16.00
Other Health Staff	16.00
Non-Health Staff	28.00
Totals	74.00

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
43.4%	32.8%	0.0%	5.2%	18.6%	100.0%		
2,079,582	1,569,294	0	248,859	889,080	4,786,815	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLEN BROOK
801 NORTH 1ST ST P O BOX 698
VIENNA, IL. 62995

Reference Numbers Facility ID 6012694
Health Service Area 005 Planning Service Area 087

Administrator
James A Keller

Contact Person and Telephone
JAMES A. KELLER
618-833-5070

Date Completed
4/3/2014

Registered Agent Information
John S Rendleman
2001 West Main Street
Carbondale, IL 62903

Building	Reported Age
Building 1 Glen Brook 1	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
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-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	2
Total Discharges 2013	4
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	12	4	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4769	81.7%	0	0	0	0	4769	81.7%	81.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4769	81.7%	0	0	0	0	4769	81.7%	81.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	2	0	0	0	2	2
45 to 59	0	0	0	0	4	4	0	0	4	4	8
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	5	7	0	0	5	7	12

GLEN BROOK
801 NORTH 1ST ST P O BOX 698
VIENNA, IL. 62995

Classification Numbers

License Number	6012694	
Health Service Area	005	
Planning Service Area	087	Johnson/Massac

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	119	108
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	1.25
Totals	18.50

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%	75.2%	24.7%	0.0%	0.1%	100.0%		
0	391,505	128,339	0	725	520,569	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLEN LAKE TERRACE NURSING & REHAB
2222 WEST 14TH STREET
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6006647
Health Service Area 008 Planning Service Area 097

Administrator
Jackie Pretsel

Contact Person and Telephone
Jackie Prestel
847-249-2400

Date Completed
5/23/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	228
Total Admissions 2013	280
Total Discharges 2013	283
Residents on 12/31/2013	225

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	18
Blood Disorders	2
*Nervous System Non Alzheimer	25
Alzheimer Disease	33
Mental Illness	35
Developmental Disability	4
Circulatory System	51
Respiratory System	20
Digestive System	2
Genitourinary System Disorders	16
Skin Disorders	10
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	225

Total Residents Diagnosed as Mentally Ill 35

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	271	243	225	243	225	46	136	271
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	271	243	225	243	225	46	136	271

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5048	10.2%	68652	69.4%	27	1347	3147	0	78221	79.1%	88.2%
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	5048	10.2%	68652	69.4%	27	1347	3147	0	78221	79.1%	88.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	1	0	0	0	0	0	0	0	1	0	1
18 to 44	7	8	0	0	0	0	0	0	7	8	15
45 to 59	41	33	0	0	0	0	0	0	41	33	74
60 to 64	30	17	0	0	0	0	0	0	30	17	47
65 to 74	27	20	0	0	0	0	0	0	27	20	47
75 to 84	19	9	0	0	0	0	0	0	19	9	28
85+	1	12	0	0	0	0	0	0	1	12	13
TOTALS	126	99	0	0	0	0	0	0	126	99	225

GLEN LAKE TERRACE NURSING & REHAB
2222 WEST 14TH STREET
WAUKEGAN, IL. 60085

Classification Numbers

License Number	6006647	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	198	0	10	7	0	225
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	198	0	10	7	0	225

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	171
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	3	0	0	0	3
Black	77	0	0	0	77
Hawaiian/Pacific Isl.	0	0	0	0	0
White	113	0	0	0	113
Race Unknown	28	0	0	0	28
Total	225	0	0	0	225

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	28	0	0	0	28
Non-Hispanic	197	0	0	0	197
Ethnicity Unknown	0	0	0	0	0
Total	225	0	0	0	225

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	24.00
Certified Aides	90.00
Other Health Staff	17.00
Non-Health Staff	70.00
Totals	234.00

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
18.8%	72.1%	0.1%	4.3%	4.8%	100.0%		
2,547,633	9,774,901	7,197	580,932	651,940	13,562,603	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLEN OAKS NURSING. & REHAB. CTR.
270 SKOKIE HIGHWAY
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6003586
Health Service Area 007 Planning Service Area 702

Administrator
SIM DACHS

Contact Person and Telephone
SIM DACHS
847-498-9320

Date Completed
3/31/2014

Registered Agent Information
Abraham Stern (c/o Much Shelist)
191 North Wacker Drive suite 1800
Chicago, IL 60606

Building		Reported Age
Building 1	Glen Oaks Nursing & Rehab Ctr.	54
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	280
Total Admissions 2013	232
Total Discharges 2013	224
Residents on 12/31/2013	288

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	34
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	6
Mental Illness	167
Developmental Disability	0
Circulatory System	36
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	288

Total Residents Diagnosed as Mentally Ill 267

Total Residents Reported as Identified Offenders 15

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	298	298	290	298	288	10	150	298
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	298	298	290	298	288	10	150	298

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2031	3.7%	97986	90.1%	700	659	1768	0	103144	94.8%	94.8%
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	2031	3.7%	97986	90.1%	700	659	1768	0	103144	94.8%	94.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	13	16	0	0	0	0	0	0	13	16	29
45 to 59	62	56	0	0	0	0	0	0	62	56	118
60 to 64	26	23	0	0	0	0	0	0	26	23	49
65 to 74	27	20	0	0	0	0	0	0	27	20	47
75 to 84	15	18	0	0	0	0	0	0	15	18	33
85+	6	6	0	0	0	0	0	0	6	6	12
TOTALS	149	139	0	0	0	0	0	0	149	139	288

GLEN OAKS NURSING. & REHAB. CTR.
270 SKOKIE HIGHWAY
NORTHBROOK, IL. 60062

Classification Numbers

License Number	6003586	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	274	0	1	6	0	288
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	274	0	1	6	0	288

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	23	0	0	0	23
American Indian	0	0	0	0	0
Black	36	0	0	0	36
Hawaiian/Pacific Isl.	0	0	0	0	0
White	229	0	0	0	229
Race Unknown	0	0	0	0	0
Total	288	0	0	0	288

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	278	0	0	0	278
Ethnicity Unknown	0	0	0	0	0
Total	288	0	0	0	288

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	39.00
LPN's	2.00
Certified Aides	66.00
Other Health Staff	22.00
Non-Health Staff	54.00
Totals	185.00

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
7.0%	88.1%	0.8%	1.8%	2.3%	100.0%		
1,023,358	12,838,458	123,471	256,790	328,380	14,570,457	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLENBRIDGE NURSING & REHABILITATION CTR
8333 WEST GOLF ROAD
NILES, IL. 60714

Reference Numbers Facility ID 6006191
Health Service Area 007 Planning Service Area 702

Administrator
Daniel Glenner

Contact Person and Telephone
Daniel Glenner
847-966-9190

Date Completed
3/24/2014

Registered Agent Information

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System Non Alzheimer	15
Alzheimer Disease	42
Mental Illness	19
Developmental Disability	1
Circulatory System	28
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	9
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	112
Non-Medical Conditions	0
TOTALS	254

Total Residents Diagnosed as Mentally Ill 51

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 GlenBridge	44
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	262
Total Admissions 2013	608
Total Discharges 2013	615
Residents on 12/31/2013	255

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	302	288	279	288	254	48	0	302
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	302	288	279	288	254	48	0	302

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4935	0.0%	88028	79.9%	314	996	696	0	94969	86.2%	90.3%
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	4935	0.0%	88028	79.9%	314	996	696	0	94969	86.2%	90.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	23	11	0	0	0	0	0	0	23	11	34
60 to 64	20	14	0	0	0	0	0	0	20	14	34
65 to 74	26	25	0	0	0	0	0	0	26	25	51
75 to 84	22	34	0	0	0	0	0	0	22	34	56
85+	22	55	0	0	0	0	0	0	22	55	77
TOTALS	114	140	0	0	0	0	0	0	114	140	254

GLENBRIDGE NURSING & REHABILITATION CTR
8333 WEST GOLF ROAD
NILES, IL. 60714

Classification Numbers

License Number	6006191	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	239	0	3	2	0	254
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	239	0	3	2	0	254

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	63	0	0	0	63
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	184	0	0	0	184
Race Unknown	0	0	0	0	0
Total	254	0	0	0	254

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	249	0	0	0	249
Ethnicity Unknown	0	0	0	0	0
Total	254	0	0	0	254

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	40.00
LPN's	13.00
Certified Aides	69.00
Other Health Staff	19.00
Non-Health Staff	51.00
Totals	194.00

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
19.9%	77.2%	0.0%	0.8%	2.0%	100.0%		
3,258,417	12,666,054	7,133	137,861	329,266	16,398,731	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLENCREST HEALTHCARE & REHAB CTR
2451 WEST TOUHY AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID 6003594
Health Service Area 006 Planning Service Area 601

Administrator
Ari Pancer

Contact Person and Telephone
Ari Pancer
7733386800

Date Completed
6/3/2014

Registered Agent Information

Building		Reported Age
Building 1	Glencrest Healthcare and Rehab	34
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	254
Total Admissions 2013	850
Total Discharges 2013	836
Residents on 12/31/2013	268

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	28
Blood Disorders	2
*Nervous System Non Alzheimer	20
Alzheimer Disease	3
Mental Illness	11
Developmental Disability	0
Circulatory System	56
Respiratory System	61
Digestive System	3
Genitourinary System Disorders	16
Skin Disorders	5
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	46
TOTALS	268

Total Residents Diagnosed as Mentally Ill 92

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	312	279	268	279	268	44	240	312
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	312	279	268	279	268	44	240	312

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9491	10.8%	81369	71.5%	382	2177	1834	0	95253	83.6%	93.5%
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	9491	10.8%	81369	71.5%	382	2177	1834	0	95253	83.6%	93.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	13	3	0	0	0	0	0	0	13	3	16
45 to 59	29	22	0	0	0	0	0	0	29	22	51
60 to 64	17	19	0	0	0	0	0	0	17	19	36
65 to 74	44	30	0	0	0	0	0	0	44	30	74
75 to 84	23	34	0	0	0	0	0	0	23	34	57
85+	11	23	0	0	0	0	0	0	11	23	34
TOTALS	137	131	0	0	0	0	0	0	137	131	268

GLENCREST HEALTHCARE & REHAB CTR
2451 WEST TOUHY AVENUE
CHICAGO, IL. 60645

Classification Numbers

License Number	6003594	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	221	2	6	9	0	268
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	221	2	6	9	0	268

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	530	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	93	0	0	0	93
Hawaiian/Pacific Isl.	0	0	0	0	0
White	130	0	0	0	130
Race Unknown	39	0	0	0	39
Total	268	0	0	0	268

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	46	0	0	0	46
Non-Hispanic	222	0	0	0	222
Ethnicity Unknown	0	0	0	0	0
Total	268	0	0	0	268

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	33.00
LPN's	3.00
Certified Aides	73.00
Other Health Staff	35.00
Non-Health Staff	69.00
Totals	216.00

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
24.6%	68.1%	0.3%	4.6%	2.4%	100.0%		
5,031,857	13,912,148	59,653	929,184	484,405	20,417,247	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLENSHIRE NURSING & REHAB CENTRE
22660 SOUTH CICERO AVENUE
RICHTON PARK, IL. 60471

Reference Numbers Facility ID 6007918
Health Service Area 007 Planning Service Area 705

Administrator
Matt Carlson

Contact Person and Telephone
MATT CARLSON
708-747-6120

Date Completed
4/4/2014

Registered Agent Information
Marilyn Dunn
55 W. Wacker 9th Floor
Chicago, IL 60601

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	227
Total Admissions 2013	560
Total Discharges 2013	601
Residents on 12/31/2013	186

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	22
Blood Disorders	3
*Nervous System Non Alzheimer	23
Alzheimer Disease	5
Mental Illness	12
Developmental Disability	2
Circulatory System	33
Respiratory System	74
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	186

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 9

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	294	294	226	294	186	108	127	294
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	294	294	226	294	186	108	127	294

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4856	10.5%	63546	59.2%	1729	1430	997	0	72558	67.6%	67.6%
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	4856	10.5%	63546	59.2%	1729	1430	997	0	72558	67.6%	67.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	7	4	0	0	0	0	0	0	7	4	11
45 to 59	38	25	0	0	0	0	0	0	38	25	63
60 to 64	21	14	0	0	0	0	0	0	21	14	35
65 to 74	23	17	0	0	0	0	0	0	23	17	40
75 to 84	8	15	0	0	0	0	0	0	8	15	23
85+	1	13	0	0	0	0	0	0	1	13	14
TOTALS	98	88	0	0	0	0	0	0	98	88	186

GLENSHIRE NURSING & REHAB CENTRE
22660 SOUTH CICERO AVENUE
RICHTON PARK, IL. 60471

Classification Numbers

License Number	6007918	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	148	5	4	16	0	186
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	148	5	4	16	0	186

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	129	0	0	0	129
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	10	0	0	0	10
Total	186	0	0	0	186

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	176	0	0	0	176
Ethnicity Unknown	0	0	0	0	0
Total	186	0	0	0	186

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	17.00
Certified Aides	71.00
Other Health Staff	20.00
Non-Health Staff	35.00
Totals	171.00

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
17.1%	75.0%	2.2%	4.5%	1.2%	100.0%		
2,539,651	11,133,671	325,321	667,828	176,215	14,842,686	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLENVIEW TERRACE NURSING CTR
1511 GREENWOOD ROAD
GLENVIEW, IL. 60026

Reference Numbers Facility ID 6003610
Health Service Area 007 Planning Service Area 702

Administrator
Bradley Bartels

Contact Person and Telephone
Bradley Bartels
847-729-9090

Date Completed
4/4/2014

Registered Agent Information
Sandra Cedrins
6633 N Lincoln, Ave
Liincolnwood, IL 60712

Building		Reported Age
Building 1	Glenview Terrace Nursing Cente	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	248
Total Admissions 2013	1,771
Total Discharges 2013	1,767
Residents on 12/31/2013	252

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	12
Blood Disorders	5
*Nervous System Non Alzheimer	9
Alzheimer Disease	66
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	43
Digestive System	11
Genitourinary System Disorders	10
Skin Disorders	4
Musculo-skeletal Disorders	43
Injuries and Poisonings	23
Other Medical Conditions	6
Non-Medical Conditions	2
TOTALS	252

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	314	309	293	309	252	62	314	314
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	314	309	293	309	252	62	314	314

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	24546	21.4%	45147	39.4%	325	6162	20325	0	96505	84.2%	85.6%
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	24546	21.4%	45147	39.4%	325	6162	20325	0	96505	84.2%	85.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	10	13	0	0	0	0	0	0	10	13	23
75 to 84	22	57	0	0	0	0	0	0	22	57	79
85+	29	105	0	0	0	0	0	0	29	105	134
TOTALS	69	183	0	0	0	0	0	0	69	183	252

GLENVIEW TERRACE NURSING CTR
1511 GREENWOOD ROAD
GLENVIEW, IL. 60026

Classification Numbers

License Number	6003610	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	58	121	1	17	55	0	252
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	58	121	1	17	55	0	252

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	265	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	12	0	0	0	12
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	1	0	0	0	1
White	231	0	0	0	231
Race Unknown	3	0	0	0	3
Total	252	0	0	0	252

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	18	0	0	0	18
Ethnicity Unknown	231	0	0	0	231
Total	252	0	0	0	252

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	64.00
LPN's	28.00
Certified Aides	129.00
Other Health Staff	53.00
Non-Health Staff	161.00
Totals	437.00

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
29.1%	43.3%	2.0%	1.6%	23.9%	100.0%		
4,996,656	7,423,817	351,269	280,327	4,102,972	17,155,041	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLENWOOD HEALTHCARE & REHAB
19330 SOUTH COTTAGE GROVE
GLENWOOD, IL. 60425

Reference Numbers Facility ID 6003628
Health Service Area 007 Planning Service Area 705

Administrator
Michael Stoudt

Contact Person and Telephone
MICHAEL STOUDT
708-758-6200

Date Completed
3/11/2014

Registered Agent Information
Stephen Sher
5750 Old Orchard #420
Skokie, IL 60077

Building		Reported Age
Building 1	Glenwood Healthcare & Rehab/s	22
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	132
Total Admissions 2013	201
Total Discharges 2013	195
Residents on 12/31/2013	138

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	1
Mental Illness	17
Developmental Disability	6
Circulatory System	37
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	6
Musculo-skeletal Disorders	8
Injuries and Poisonings	7
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	138

Total Residents Diagnosed as Mentally Ill 17

Total Residents Reported as Identified Offenders 11

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	184	174	174	174	138	46	184	184
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	184	174	174	174	138	46	184	184

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4813	7.2%	37717	56.2%	6880	0	1108	0	50518	75.2%	79.5%
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	4813	7.2%	37717	56.2%	6880	0	1108	0	50518	75.2%	79.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	1	0	0	0	0	0	0	2	1	3
45 to 59	19	12	0	0	0	0	0	0	19	12	31
60 to 64	20	7	0	0	0	0	0	0	20	7	27
65 to 74	17	14	0	0	0	0	0	0	17	14	31
75 to 84	19	4	0	0	0	0	0	0	19	4	23
85+	6	17	0	0	0	0	0	0	6	17	23
TOTALS	83	55	0	0	0	0	0	0	83	55	138

GLENWOOD HEALTHCARE & REHAB
19330 SOUTH COTTAGE GROVE
GLENWOOD, IL. 60425

Classification Numbers

License Number	6003628	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	88	37	0	2	0	138
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	88	37	0	2	0	138

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	259	181
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	80	0	0	0	80
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	4	0	0	0	4
Total	138	0	0	0	138

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	134	0	0	0	134
Ethnicity Unknown	0	0	0	0	0
Total	138	0	0	0	138

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	18.00
Certified Aides	36.00
Other Health Staff	7.00
Non-Health Staff	61.00
Totals	134.00

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
18.1%	72.4%	7.7%	0.0%	1.7%	100.0%		
1,843,015	7,355,814	782,722	0	174,917	10,156,468	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLENWOOD HOUSE
300 WEST TWELFTH STREET
STREATOR, IL. 61364

Reference Numbers Facility ID 6013031
Health Service Area 002 Planning Service Area 099

Administrator
Dawn Kolotka

Contact Person and Telephone
DAWN KOLOTKA
815-433-5858

Date Completed
4/4/2024

Registered Agent Information

Building	Reported Age
Building 1 Glenwood House	22
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	6	0	0	4	6	10
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	8	8	0	0	8	8	16

GLENWOOD HOUSE
300 WEST TWELFTH STREET
STREATOR, IL. 61364

Classification Numbers

License Number	6013031	
Health Service Area	002	
Planning Service Area	099	LaSalle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	130
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	15	0	15
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	4.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	7.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	522,200	0	0	0	522,200	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLENWOOD TERRACE
2724 GLENWOOD AVENUE
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6010474
Health Service Area 003 Planning Service Area 167

Administrator
Russ Bogdanovich

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Glenwood Terrace	24
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	2
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5524	94.6%	0	0	0	0	5524	94.6%	94.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5524	94.6%	0	0	0	0	5524	94.6%	94.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	3	0	0	2	3	5
45 to 59	0	0	0	0	4	4	0	0	4	4	8
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	7	7	0	0	7	7	14

GLENWOOD TERRACE
2724 GLENWOOD AVENUE
SPRINGFIELD, IL. 62704

Classification Numbers

License Number	6010474	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	110
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	623,961	0	0	0	623,961	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLENWOOD VILLA
3247 GLENWOOD
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6013858
Health Service Area 001 Planning Service Area 201

Administrator
Steve Bennett

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Glenwood Villa	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	6
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			2148	98.1%	0	0	0	0	2148	98.1%	98.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2148	98.1%	0	0	0	0	2148	98.1%	98.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	0	0	0	3	0	3
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	4	2	0	0	4	2	6

GLENWOOD VILLA
3247 GLENWOOD
ROCKFORD, IL. 61101

Classification Numbers

License Number	6013858	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	186
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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	405,419	0	0	0	405,419	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GOLDEN GOOD SHEPHERD HOME
101 PRAIRIE MILLS ROAD
GOLDEN, IL. 62339

Reference Numbers Facility ID 6003636
Health Service Area 003 Planning Service Area 001

Administrator
Amanda Marlow

Contact Person and Telephone
AMANDA MARLOW
217-696-4421

Date Completed
4/3/2014

Registered Agent Information
Amanda Marlow
101 Prairie Mills Road

Building		Reported Age
Building 1	Main Bldg	50
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	41
Total Admissions 2013	47
Total Discharges 2013	47
Residents on 12/31/2013	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	41

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	42	42	42	42	41	1	0	42
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	42	42	42	42	41	1	0	42

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	998	0.0%	4937	32.2%	0	0	8821	0	14756	96.3%	96.3%
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	998	0.0%	4937	32.2%	0	0	8821	0	14756	96.3%	96.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	7	24	0	0	0	0	0	0	7	24	31
TOTALS	9	32	0	0	0	0	0	0	9	32	41

GOLDEN GOOD SHEPHERD HOME
101 PRAIRIE MILLS ROAD
GOLDEN, IL. 62339

Classification Numbers

License Number	6003636	
Health Service Area	003	
Planning Service Area	001	Adams

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	13	0	0	22	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	13	0	0	22	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	11.00
Certified Aides	20.00
Other Health Staff	3.00
Non-Health Staff	23.00
Totals	63.00

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
14.3%	20.1%	0.0%	0.0%	65.5%	100.0%		
341,928	480,683	0	0	1,564,079	2,386,690	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GOLFVIEW DEVELOPMENTAL CENTER
9555 WEST GOLF ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6015135
Health Service Area 007 Planning Service Area 702

Administrator
Barbara Waters, RN/LNHA

Contact Person and Telephone
Anthony R. Miner, LNHA
847-376-2261

Date Completed
3/15/2014

Registered Agent Information
David Fischer, C/O Edwards, Wildman
225 W. Wacker Drive
Chicago, IL 60606

Building		Reported Age
Building 1	Golfview Developmental Center/	16
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	135
Total Admissions 2013	3
Total Discharges 2013	5
Residents on 12/31/2013	133

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	133
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	133

Total Residents Diagnosed as Mentally Ill 69

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	135	135	135	135	133	2		135
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	135	135	135	135	133	2	0	135

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			47156	95.7%	0	0	0	0	47156	95.7%	95.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	47156	95.7%	0	0	0	0	47156	95.7%	95.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	26	9	0	0	26	9	35
45 to 59	0	0	0	0	32	16	0	0	32	16	48
60 to 64	0	0	0	0	10	9	0	0	10	9	19
65 to 74	0	0	0	0	15	3	0	0	15	3	18
75 to 84	0	0	0	0	5	6	0	0	5	6	11
85+	0	0	0	0	0	2	0	0	0	2	2
TOTALS	0	0	0	0	88	45	0	0	88	45	133

GOLFVIEW DEVELOPMENTAL CENTER
9555 WEST GOLF ROAD
DES PLAINES, IL. 60016

Classification Numbers

License Number	6015135	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		133	0	0	0	0	133
Sheltered Care			0	0	0	0	0
TOTALS	0	133	0	0	0	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	225	225
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	5	0	5
American Indian	0	0	1	0	1
Black	0	0	35	0	35
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	92	0	92
Race Unknown	0	0	0	0	0
Total	0	0	133	0	133

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	8	0	8
Non-Hispanic	0	0	125	0	125
Ethnicity Unknown	0	0	0	0	0
Total	0	0	133	0	133

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	6.00
Certified Aides	59.00
Other Health Staff	12.00
Non-Health Staff	39.00
Totals	120.00

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
0.0%	91.2%	0.0%	0.0%	8.8%	100.0%		
0	10,082,872	0	0	972,933	11,055,805	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GOOD SAMARITAN - PONTIAC
14335 U.S. HIGHWAY 66
PONTIAC, IL. 61764

Reference Numbers Facility ID 6005573
Health Service Area 004 Planning Service Area 105

Administrator
Dr. Glenda Tannahill

Contact Person and Telephone
DR. GLENDA TANNAHILL
815-844-5121

Date Completed
4/4/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	33
Total Admissions 2013	21
Total Discharges 2013	31
Residents on 12/31/2013	23

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	4
Developmental Disability	0
Circulatory System	7
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	23

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	122	122	35	99	23	99	28	122
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	122	122	35	99	23	99	28	122

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	458	4.5%	7782	17.5%	0	59	2273	0	10572	23.7%	23.7%
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	458	4.5%	7782	17.5%	0	59	2273	0	10572	23.7%	23.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	2	5	0	0	0	0	0	0	2	5	7
TOTALS	10	13	0	0	0	0	0	0	10	13	23

GOOD SAMARITAN - PONTIAC
14335 U.S. HIGHWAY 66
PONTIAC, IL. 61764

Classification Numbers

License Number	6005573	
Health Service Area	004	
Planning Service Area	105	Livingston

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	15	0	0	6	0	23
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	15	0	0	6	0	23

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	23	0	0	0	23
Race Unknown	0	0	0	0	0
Total	23	0	0	0	23

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	23	0	0	0	23
Ethnicity Unknown	0	0	0	0	0
Total	23	0	0	0	23

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	3.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	27.00

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
11.1%	65.6%	0.0%	3.1%	20.2%	100.0%		
173,772	1,024,300	0	47,993	315,658	1,561,723	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GOOD SAMARITAN HOME
2130 HARRISON STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6003685
Health Service Area 003 Planning Service Area 001

Administrator
Michael P. Duffy

Contact Person and Telephone
JUDY M. GRAHAM
217-223-8717 ext. 4276

Date Completed
3/21/2014

Registered Agent Information
Michael P Duffy
2130 Harrison Street
Quincy, IL 62301

Continuing Care Retirement Community

Building		Reported Age
Building 1	Sunnydale/Social Room/Shelteri	52
Building 2	East Brook/Anna Brown/Medicar	42
Building 3	Eber Gardens/Southern Court	30
Building 4	Foose Center	3
Building 5	Assisted Living/Administration	2

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	197
Total Admissions 2013	212
Total Discharges 2013	219
Residents on 12/31/2013	190

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	41
Mental Illness	1
Developmental Disability	1
Circulatory System	46
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	20
Injuries and Poisonings	5
Other Medical Conditions	43
Non-Medical Conditions	0
TOTALS	190

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	203	166	203	166	37	17	203
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	28	28	24	28	24	4		
TOTAL BEDS	231	231	190	231	190	41	17	203

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4807	77.5%	25504	34.4%	0	64	30648	182	61205	82.6%	82.6%
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	7674	0	7674	75.1%	75.1%
TOTALS	4807	77.5%	25504	34.4%	0	64	38322	182	68879	81.7%	81.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	1	1	2	3
65 to 74	5	10	0	0	0	0	1	2	6	12	18
75 to 84	7	29	0	0	0	0	3	1	10	30	40
85+	17	96	0	0	0	0	4	12	21	108	129
TOTALS	30	136	0	0	0	0	8	16	38	152	190

GOOD SAMARITAN HOME
2130 HARRISON STREET
QUINCY, IL. 62301

Classification Numbers

License Number	6003685	
Health Service Area	003	
Planning Service Area	001	Adams

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	70	0	1	84	0	166
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	24	0	24
TOTALS	11	70	0	1	108	0	190

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	228	206
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	109	77

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	163	0	0	24	187
Race Unknown	0	0	0	0	0
Total	166	0	0	24	190

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	166	0	0	24	190
Ethnicity Unknown	0	0	0	0	0
Total	166	0	0	24	190

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	23.90
LPN's	25.00
Certified Aides	99.70
Other Health Staff	20.90
Non-Health Staff	107.40
Totals	280.90

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
18.6%	24.2%	0.0%	0.2%	57.0%	100.0%		
2,015,373	2,623,998	0	17,348	6,166,228	10,822,947	31,131	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GOOD SAMARITAN SOCIETY - GENESEO VILLAG
704 S. ILLINOIS STREET
GENESEO, IL. 61254

Reference Numbers Facility ID 6003495
Health Service Area 010 Planning Service Area 073

Administrator
Jennifer Dunk

Contact Person and Telephone
JENNIFER DUNK
309-944-6424

Date Completed
3/31/2014

Registered Agent Information
CT Corporation System
208 South LaSalle Street
Chicago, IL 60604

Building		Reported Age
Building 1	Nursing Home	43
Building 2	8 unit apt building	42
Building 3	12 unit apt building	14
Building 4	Duplexes on 600 block	12
Building 5	Duplexes on 700 block	18

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	62
Total Admissions 2013	71
Total Discharges 2013	81
Residents on 12/31/2013	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	8
Mental Illness	7
Developmental Disability	0
Circulatory System	20
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 28

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	72	72	66	72	52	20	72	72
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	72	72	66	72	52	20	72	72

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1788	6.8%	8318	31.7%	0	0	10378	0	20484	77.9%	77.9%
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	1788	6.8%	8318	31.7%	0	0	10378	0	20484	77.9%	77.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	1	0	0	0	0	0	0	4	1	5
75 to 84	5	9	0	0	0	0	0	0	5	9	14
85+	4	29	0	0	0	0	0	0	4	29	33
TOTALS	13	39	0	0	0	0	0	0	13	39	52

GOOD SAMARITAN SOCIETY - GENESEO VILLAG
704 S. ILLINOIS STREET
GENESEO, IL. 61254

Classification Numbers

License Number	6003495	
Health Service Area	010	
Planning Service Area	073	Henry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	16	0	0	28	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	16	0	0	28	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	194	184
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	3.00
Certified Aides	25.00
Other Health Staff	2.00
Non-Health Staff	24.00
Totals	63.00

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
21.0%	27.5%	0.0%	0.0%	51.6%	100.0%		
782,127	1,025,286	0	0	1,925,738	3,733,151	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Good Samaritan Society - Mt Carroll
1006 NORTH LOWDEN
MOUNT CARROLL, IL. 61053

Reference Numbers Facility ID 6001515
Health Service Area 001 Planning Service Area 015

Administrator
Cathy Smikle

Contact Person and Telephone
Cathy Smikle
815-244-7715

Date Completed
4/2/2014

Registered Agent Information

Life Care Facility

Building		Reported Age
Building 1	Good Samaritan Society - Mt Ca	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	62
Total Admissions 2013	78
Total Discharges 2013	88
Residents on 12/31/2013	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	72	72	72	0	52	20	72	72
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	72	72	72	0	52	20	72	72

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1700	6.5%	8281	31.5%	0	237	9430	0	19648	74.8%	74.8%
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	1700	6.5%	8281	31.5%	0	237	9430	0	19648	74.8%	74.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	11	28	0	0	0	0	0	0	11	28	39
TOTALS	16	36	0	0	0	0	0	0	16	36	52

Good Samaritan Society - Mt Carroll
1006 NORTH LOWDEN
MOUNT CARROLL, IL. 61053

Classification Numbers

License Number	6001515	
Health Service Area	001	
Planning Service Area	015	Carroll

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	19	0	30	0	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	19	0	30	0	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	178
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.58
LPN's	3.86
Certified Aides	21.85
Other Health Staff	0.00
Non-Health Staff	24.67
Totals	59.96

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
19.3%	27.6%	0.0%	3.0%	50.2%	100.0%		
655,744	936,346	0	100,232	1,704,663	3,396,985	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GOOD SAMARITAN-FLANAGAN
205 NORTH ADAMS
FLANAGAN, IL. 61740

Reference Numbers Facility ID 6003677
Health Service Area 004 Planning Service Area 105

Administrator
Jordan Post

Contact Person and Telephone
JORDAN T. POST
815-796-2288

Date Completed
4/4/2014

Registered Agent Information
John Durso
70 West Madison St. 36th Floor
Chicago, IL 60602

Building	Reported Age
Building 1 Good Samaritan - Flanagan	46
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	50
Total Admissions 2013	36
Total Discharges 2013	42
Residents on 12/31/2013	44

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	44

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	60	54	60	44	16	0	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	60	54	60	44	16	0	60

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1041	0.0%	7859	35.9%	0	0	8309	0	17209	78.6%	78.6%
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	1041	0.0%	7859	35.9%	0	0	8309	0	17209	78.6%	78.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	7	24	0	0	0	0	0	0	7	24	31
TOTALS	11	33	0	0	0	0	0	0	11	33	44

GOOD SAMARITAN-FLANAGAN
205 NORTH ADAMS
FLANAGAN, IL. 61740

Classification Numbers

License Number	6003677	
Health Service Area	004	
Planning Service Area	105	Livingston

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	20	0	0	20	0	44
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	20	0	0	20	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	203	186
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	44	0	0	0	44

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	44	0	0	0	44
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	0	44

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	20.00
Other Health Staff	1.00
Non-Health Staff	22.00
Totals	54.00

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
6.4%	35.1%	0.0%	0.0%	58.5%	100.0%		
176,127	964,827	0	0	1,607,161	2,748,115	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GORDON JONES TERRACE
421 NORTH ROCHESTER STREET
LANARK, IL. 61046

Reference Numbers Facility ID 6012942
Health Service Area 001 Planning Service Area 015

Administrator
Steve Bennett

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Gordon Jones	22
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5534	94.8%	0	0	0	0	5534	94.8%	94.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5534	94.8%	0	0	0	0	5534	94.8%	94.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	1	0	0	4	1	5
45 to 59	0	0	0	0	5	3	0	0	5	3	8
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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	10	5	0	0	10	5	15

GORDON JONES TERRACE
421 NORTH ROCHESTER STREET
LANARK, IL. 61046

Classification Numbers

License Number	6012942	
Health Service Area	001	
Planning Service Area	015	Carroll

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	126
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	670,654	0	0	0	670,654	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GOTTLIEB MEMORIAL HOSPITAL
701 WEST NORTH AVENUE
MELROSE PARK, IL. 60160

Reference Numbers Facility ID 6003727
Health Service Area 007 Planning Service Area 704

Administrator
Lori Price, FACHE, MSA, RN

Contact Person and Telephone
Armand J. Andreoni
708-216-4600

Date Completed
4/24/2014

Registered Agent Information
Jill Rappis
2160 S. First Ave.
Maywood, IL 60153

Building		Reported Age
Building 1	Gottlieb Memorial South Wing	38
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	28
Total Admissions 2013	708
Total Discharges 2013	716
Residents on 12/31/2013	20

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	20

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	34	32	29	32	20	14	34	34
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	34	32	29	32	20	14	34	34

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8690	70.0%	250	2.0%	0	609	92	25	9666	77.9%	82.8%
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	8690	70.0%	250	2.0%	0	609	92	25	9666	77.9%	82.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	1	10	0	0	0	0	0	0	1	10	11
TOTALS	4	16	0	0	0	0	0	0	4	16	20

GOTTLIEB MEMORIAL HOSPITAL
701 WEST NORTH AVENUE
MELROSE PARK, IL. 60160

Classification Numbers

License Number	6003727	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	0	0	1	0	0	20
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	0	0	1	0	0	20

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	759	759
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	17	0	0	0	17
Race Unknown	1	0	0	0	1
Total	20	0	0	0	20

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	18	0	0	0	18
Ethnicity Unknown	1	0	0	0	1
Total	20	0	0	0	20

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.80
LPN's	2.00
Certified Aides	10.00
Other Health Staff	3.00
Non-Health Staff	3.90
Totals	35.70

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
87.4%	3.4%	0.0%	8.8%	0.4%	100.0%		
1,305,125	50,534	0	131,748	6,231	1,493,638	43,619	2.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GRAHAM HOSPITAL ASSOCIATION
210 WEST WALNUT STREET
CANTON, IL. 61520

Reference Numbers Facility ID 6060524
Health Service Area 002 Planning Service Area 057

Administrator
Robert Senneff

Contact Person and Telephone
Michele Paulus, RN
309-370-7935 X 2708

Date Completed
4/3/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	30
Total Admissions 2013	288
Total Discharges 2013	299
Residents on 12/31/2013	19

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	1
TOTALS	30

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	38	50	38	38	30	8	32	17
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	38	50	38	38	30	8	32	17

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3290	28.2%	6014	96.9%	0	0	1293	0	10597	76.4%	58.1%
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	3290	28.2%	6014	96.9%	0	0	1293	0	10597	76.4%	58.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	6	3	0	0	0	0	0	0	6	3	9
85+	4	12	0	0	0	0	0	0	4	12	16
TOTALS	10	20	0	0	0	0	0	0	10	20	30

GRAHAM HOSPITAL ASSOCIATION
210 WEST WALNUT STREET
CANTON, IL. 61520

Classification Numbers

License Number	6060524	
Health Service Area	002	
Planning Service Area	057	Fulton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	14	0	0	3	0	30
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	14	0	0	3	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	430	405
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	30	0	0	0	30
Race Unknown	0	0	0	0	0
Total	30	0	0	0	30

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	30	0	0	0	30
Ethnicity Unknown	0	0	0	0	0
Total	30	0	0	0	30

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.50
Registered Nurses	9.20
LPN's	4.60
Certified Aides	15.60
Other Health Staff	1.00
Non-Health Staff	2.00
Totals	34.90

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GRANITE NURSING & REHAB CENTER, LLC
3500 CENTURY DRIVE
GRANITE CITY, IL. 62040

Reference Numbers Facility ID 6001986
Health Service Area 011 Planning Service Area 119

Administrator
Tom Schweizer

Contact Person and Telephone
Gary F. Eye
716-972-2392

Date Completed
3/26/2014

Registered Agent Information
UNITED CORPORATE SERVICES INC
901 S 2ND ST STE 201
Springfield, IL 62704

Building		Reported Age
Building 1	Granite Nursing & Rehabilitation	49
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	74
Total Admissions 2013	100
Total Discharges 2013	102
Residents on 12/31/2013	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	1
Circulatory System	29
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	86	86	78	86	72	14	0	86
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	86	86	78	86	72	14	0	86

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4508	0.0%	14318	45.6%	1567	262	5624	0	26279	83.7%	83.7%
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	4508	0.0%	14318	45.6%	1567	262	5624	0	26279	83.7%	83.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	7	9	0	0	0	0	0	0	7	9	16
75 to 84	2	10	0	0	0	0	0	0	2	10	12
85+	9	20	0	0	0	0	0	0	9	20	29
TOTALS	25	47	0	0	0	0	0	0	25	47	72

GRANITE NURSING & REHAB CENTER, LLC
3500 CENTURY DRIVE
GRANITE CITY, IL. 62040

Classification Numbers

License Number	6001986	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	39	4	0	15	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	39	4	0	15	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	143
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.97
LPN's	13.56
Certified Aides	27.51
Other Health Staff	9.25
Non-Health Staff	14.00
Totals	68.29

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
44.7%	33.4%	4.1%	1.6%	16.2%	100.0%		
2,172,375	1,622,844	200,507	76,446	789,173	4,861,345	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GRASMERE PLACE
4621 NORTH SHERIDAN ROAD
CHICAGO, IL. 60640

Reference Numbers Facility ID 6003776
Health Service Area 006 Planning Service Area 601

Administrator
Celeste A. Jensen

Contact Person and Telephone
Ron Cournaya

Date Completed
3/18/2014

Registered Agent Information
David Aronin
2201 W. Main
Evanston, IL 60202

Building	Reported Age
Building 1 Grasmere Place	4
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	195
Total Admissions 2013	140
Total Discharges 2013	133
Residents on 12/31/2013	202

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	202
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	202

Total Residents Diagnosed as Mentally Ill 202

Total Residents Reported as Identified Offenders 34

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	216	216	214	216	202	14	0	216
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	216	216	214	216	202	14	0	216

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	74942	95.1%	0	0	0	0	74942	95.1%	95.1%
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	0	0.0%	74942	95.1%	0	0	0	0	74942	95.1%	95.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	42	28	0	0	0	0	0	0	42	28	70
45 to 59	78	25	0	0	0	0	0	0	78	25	103
60 to 64	19	1	0	0	0	0	0	0	19	1	20
65 to 74	6	2	0	0	0	0	0	0	6	2	8
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	145	57	0	0	0	0	0	0	145	57	202

GRASMERE PLACE
4621 NORTH SHERIDAN ROAD
CHICAGO, IL. 60640

Classification Numbers

License Number	6003776	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	202	0	0	0	0	202
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	202	0	0	0	0	202

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	0	0	0	0	0
Black	97	0	0	0	97
Hawaiian/Pacific Isl.	5	0	0	0	5
White	90	0	0	0	90
Race Unknown	2	0	0	0	2
Total	202	0	0	0	202

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	197	0	0	0	197
Ethnicity Unknown	0	0	0	0	0
Total	202	0	0	0	202

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	15.00
Certified Aides	40.00
Other Health Staff	16.00
Non-Health Staff	46.00
Totals	121.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	7,055,687	0	0	0	7,055,687	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GREEK AMERICAN REHAB & CARE CENTER
220 NORTH 1ST STREET
WHEELING, IL. 60090

Reference Numbers Facility ID 6015499
Health Service Area 007 Planning Service Area 701

Administrator
Helen Ifantis

Contact Person and Telephone
Helen Ifantis
847-459-8700

Date Completed
4/1/2014

Registered Agent Information
Peter Karahalios
23 Polo Drive
South Barrington, IL 60010

Building	Reported Age
Building 1 Greek American Rehabilitation &	13
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	179
Total Admissions 2013	181
Total Discharges 2013	205
Residents on 12/31/2013	155

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	32
Blood Disorders	2
*Nervous System Non Alzheimer	7
Alzheimer Disease	61
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	23
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	155

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	198	198	198	198	155	43	198	175
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	198	198	198	198	155	43	198	175

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6143	8.5%	47521	74.4%	0	875	10082	0	64621	89.4%	89.4%
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	6143	8.5%	47521	74.4%	0	875	10082	0	64621	89.4%	89.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	10	39	0	0	0	0	0	0	10	39	49
85+	19	73	0	0	0	0	0	0	19	73	92
TOTALS	33	122	0	0	0	0	0	0	33	122	155

GREEK AMERICAN REHAB & CARE CENTER
220 NORTH 1ST STREET
WHEELING, IL. 60090

Classification Numbers

License Number	6015499	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	116	0	1	26	0	155
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	116	0	1	26	0	155

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	270	240
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	151	0	0	0	151
Race Unknown	0	0	0	0	0
Total	155	0	0	0	155

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	154	0	0	0	154
Ethnicity Unknown	0	0	0	0	0
Total	155	0	0	0	155

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	9.00
Certified Aides	75.00
Other Health Staff	6.00
Non-Health Staff	67.00
Totals	186.00

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
23.5%	57.0%	0.0%	1.7%	17.8%	100.0%		
2,833,376	6,886,778	0	201,650	2,149,825	12,071,629	4,000	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GREEN ACRES HEALTHCARE & REHAB
15 WEST WASSON ROAD
AMBOY, IL. 61310

Reference Numbers Facility ID 6005730
Health Service Area 001 Planning Service Area 103

Administrator
LYNN MCCOY

Contact Person and Telephone
Cheryl Carl
847-982-2300

Date Completed
4/3/2014

Registered Agent Information
SHELDON WOLFE
7434 SKOKIE BLVD
Skokie, IL 60077

Life Care Facility

Building		Reported Age
Building 1	GREEN ACRES HEALTHCARE	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	53
Total Admissions 2013	84
Total Discharges 2013	93
Residents on 12/31/2013	44

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	5
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	9
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	44

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	97	97	56	97	44	53	97	97
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	97	97	56	97	44	53	97	97

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1455	4.1%	6323	17.9%	0	0	3018	0	10796	30.5%	30.5%
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	1455	4.1%	6323	17.9%	0	0	3018	0	10796	30.5%	30.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	0	6	0	0	0	0	0	0	0	6	6
75 to 84	1	10	0	0	0	0	0	0	1	10	11
85+	4	17	0	0	0	0	0	0	4	17	21
TOTALS	8	36	0	0	0	0	0	0	8	36	44

GREEN ACRES HEALTHCARE & REHAB
15 WEST WASSON ROAD
AMBOY, IL. 61310

Classification Numbers

License Number	6005730	
Health Service Area	001	
Planning Service Area	103	Lee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	29	0	0	13	0	44
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	29	0	0	13	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	1	0	0	0	1
Total	44	0	0	0	44

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	44	0	0	0	44
Total	44	0	0	0	44

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	20.00
Other Health Staff	1.00
Non-Health Staff	19.00
Totals	51.00

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
35.3%	37.9%	0.0%	0.0%	26.7%	100.0%		
677,363	727,409	0	0	512,388	1,917,160	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GREENWOOD CARE
1406 CHICAGO AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6000202
Health Service Area 007 Planning Service Area 702

Administrator
Ma Arleen Menchavez-Siap

Contact Person and Telephone
Ma Arleen Menchavez-Siap
847-3286503

Date Completed
3/31/2014

Registered Agent Information
Tom Winter
6780 N. Lincoln
Liincolnwood, IL 60712

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	132
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	132

Total Residents Diagnosed as Mentally Ill 132

Total Residents Reported as Identified Offenders 23

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	130
Total Admissions 2013	75
Total Discharges 2013	73
Residents on 12/31/2013	132

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	145	145	140	145	132	13	0	145
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	145	145	140	145	132	13	0	145

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	46243	87.4%	0	0	894	0	47137	89.1%	89.1%
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	0	0.0%	46243	87.4%	0	0	894	0	47137	89.1%	89.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	17	15	0	0	0	0	0	0	17	15	32
45 to 59	31	27	0	0	0	0	0	0	31	27	58
60 to 64	12	15	0	0	0	0	0	0	12	15	27
65 to 74	3	11	0	0	0	0	0	0	3	11	14
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	63	69	0	0	0	0	0	0	63	69	132

GREENWOOD CARE
1406 CHICAGO AVENUE
EVANSTON, IL. 60201

Classification Numbers

License Number	6000202	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	130	0	0	2	0	132
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	130	0	0	2	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	116	116
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pacific Isl.	4	0	0	0	4
White	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	132	0	0	0	132

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	130	0	0	0	130
Ethnicity Unknown	0	0	0	0	0
Total	132	0	0	0	132

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.50
LPN's	6.00
Certified Aides	27.00
Other Health Staff	13.00
Non-Health Staff	33.00
Totals	83.50

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%	74.6%	0.0%	0.0%	25.4%	100.0%		
0	3,950,622	0	0	1,345,718	5,296,340	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROSSE POINTE MANOR
6601 WEST TOUHY AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 6003511
Health Service Area 007 Planning Service Area 702

Administrator
Dovie Mauer

Contact Person and Telephone
DOVIE MAUER
847-647-9875

Date Completed
4/2/2014

Registered Agent Information
Abraham J. Stern
191 North Wacker Drive, Suite 1800
Chicago, IL 60606

Building		Reported Age
Building 1	Main Building	55
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	82
Total Admissions 2013	63
Total Discharges 2013	68
Residents on 12/31/2013	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	32
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	12
Digestive System	8
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	99	99	77	22	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	77	22	99	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2179	6.0%	26038	72.1%	0	58	1699	0	29974	83.0%	83.0%
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	2179	6.0%	26038	72.1%	0	58	1699	0	29974	83.0%	83.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	6	25	0	0	0	0	0	0	6	25	31
85+	8	27	0	0	0	0	0	0	8	27	35
TOTALS	19	58	0	0	0	0	0	0	19	58	77

GROSSE POINTE MANOR
6601 WEST TOUHY AVENUE
NILES, IL. 60714

Classification Numbers

License Number	6003511	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	69	0	0	2	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	69	0	0	2	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	231	168
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	37	0	0	0	37
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	8.00
Certified Aides	31.00
Other Health Staff	3.00
Non-Health Staff	25.00
Totals	74.00

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
19.7%	73.9%	0.0%	1.4%	5.0%	100.0%		
1,120,468	4,202,517	0	79,978	287,067	5,690,030	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROUP HOME 1
212 BACHMAN LANE
GODFREY, IL. 62035

Reference Numbers Facility ID 6012918
Health Service Area 011 Planning Service Area 119

Administrator
Rachel Lollis

Contact Person and Telephone
Rachel Lollis
618-466-0367 ext 801

Date Completed
4/1/2014

Registered Agent Information
Nicholas Lynn
190 South LaSalle St.
Chicago, IL 60603

Building		Reported Age
Building 1	Group Home 1	22
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5412	92.7%	0	0	184	0	5596	95.8%	95.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5412	92.7%	0	0	184	0	5596	95.8%	95.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	3	0	0	3	3	6
45 to 59	0	0	0	0	0	4	0	0	0	4	4
60 to 64	0	0	0	0	3	1	0	0	3	1	4
65 to 74	0	0	0	0	1	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	0	0	0	0	7	8	0	0	7	8	15

GROUP HOME 1
212 BACHMAN LANE
GODFREY, IL. 62035

Classification Numbers

License Number	6012918	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	1	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	1	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	120	120
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	6.00
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	11.00

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
0.0%	76.8%	0.0%	0.0%	23.2%	100.0%		
0	511,299	0	0	154,156	665,455	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROUP HOME 2
224 BACHMAN LANE
GODFREY, IL. 62035

Reference Numbers Facility ID 6012900
Health Service Area 011 Planning Service Area 119

Administrator
Rachel Lollis

Contact Person and Telephone
Rachel Lollis
618-466-0367 ext 801

Date Completed
4/2/2014

Registered Agent Information
Nicholas Lynn
190 LaSalle Street
Chicago, IL 60603

Building	Reported Age
Building 1 Group Home 2	22
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	3
Total Discharges 2013	1
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4775	81.8%	0	0	165	0	4940	84.6%	84.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4775	81.8%	0	0	165	0	4940	84.6%	84.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	5	0	0	1	5	6
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	3	0	0	0	3	0	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	0	0	0	0	8	8	0	0	8	8	16

GROUP HOME 2
224 BACHMAN LANE
GODFREY, IL. 62035

Classification Numbers

License Number	6012900	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	1	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	1	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	119	119
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	5.00
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	10.00

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
0.0%	79.1%	0.0%	0.0%	20.9%	100.0%		
0	468,834	0	0	124,198	593,032	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROUP HOME 3
302 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID 6013221
Health Service Area 011 Planning Service Area 119

Administrator
Rachel Lollis

Contact Person and Telephone
Rachel Lollis
618-466-0367 ext 801

Date Completed
4/1/2014

Registered Agent Information
Nicholas Lynn
190 LaSalle St.
Chicago, IL 60603

Building		Reported Age
Building 1	Group Home 3	22
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5012	85.8%	0	0	365	0	5377	92.1%	92.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5012	85.8%	0	0	365	0	5377	92.1%	92.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	4	0	0	4	4	8
45 to 59	0	0	0	0	2	4	0	0	2	4	6
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	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	0	0	0	0	8	8	0	0	8	8	16

GROUP HOME 3
302 BACHMAN
GODFREY, IL. 62035

Classification Numbers

License Number	6013221	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	1	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	1	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	116	116
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	12.00

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
0.0%	73.0%	0.0%	0.0%	27.0%	100.0%		
0	452,940	0	0	167,908	620,848	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROUP HOME 4
314 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID 6013239
Health Service Area 011 Planning Service Area 119

Administrator
Rachel Lollis

Contact Person and Telephone
Rachel Lollis
618-466-0367 ext 801

Date Completed
4/2/2014

Registered Agent Information
Nicholas Lynn
190 LaSalle Street
Chicago, IL 60603

Building	Reported Age
Building 1 Group Home 4	22
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5339	91.4%	0	0	0	0	5339	91.4%	91.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5339	91.4%	0	0	0	0	5339	91.4%	91.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	3	0	0	0	3	3
45 to 59	0	0	0	0	4	4	0	0	4	4	8
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	2	0	0	0	2	0	2
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	7	7	0	0	7	7	14

GROUP HOME 4
314 BACHMAN
GODFREY, IL. 62035

Classification Numbers

License Number	6013239	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	127	127
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	6.00
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	11.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	532,949	0	0	0	532,949	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROUP HOME 5
308 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID 6013254
Health Service Area 011 Planning Service Area 119

Administrator
Rachel Lollis

Contact Person and Telephone
Rachel Lollis
618-466-0367 ext 801

Date Completed
4/2/2014

Registered Agent Information
Nicholas Lynn
190 LaSalle Street
Chicago, IL 60603

Building	Reported Age
Building 1 Group Home 5	22
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5435	93.1%	0	0	31	0	5466	93.6%	93.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5435	93.1%	0	0	31	0	5466	93.6%	93.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	3	0	0	2	3	5
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	2	2	0	0	2	2	4
65 to 74	0	0	0	0	2	2	0	0	2	2	4
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	8	8	0	0	8	8	16

GROUP HOME 5
308 BACHMAN
GODFREY, IL. 62035

Classification Numbers

License Number	6013254	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	1	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	1	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	121	121
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	6.00
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	11.00

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
0.0%	79.0%	0.0%	0.0%	21.0%	100.0%		
0	520,907	0	0	138,668	659,575	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROUP HOME 6
320 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID 6013262
Health Service Area 011 Planning Service Area 119

Administrator
Rachel Lollis

Contact Person and Telephone
Rachel Lollis
618-466-0367 ext 801

Date Completed
4/2/2014

Registered Agent Information
Nicholas Lynn
190 LaSalle Street

Building	Reported Age
Building 1 Group Home 6	21
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	3
Total Discharges 2013	2
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4994	85.5%	0	0	0	0	4994	85.5%	85.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4994	85.5%	0	0	0	0	4994	85.5%	85.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	11	0	0	0	11	0	11
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	16	0	0	0	16	0	16

GROUP HOME 6
320 BACHMAN
GODFREY, IL. 62035

Classification Numbers

License Number	6013262	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	121	121
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	7.00
Other Health Staff	3.00
Non-Health Staff	0.00
Totals	12.00

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
0.0%	79.9%	0.0%	0.0%	20.1%	100.0%		
0	481,982	0	0	121,459	603,441	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROVE AT THE LAKE LIVING & REHAB CENTER
2534 ELIM AVENUE
ZION, IL. 60099

Reference Numbers Facility ID 6008593
Health Service Area 008 Planning Service Area 097

Administrator
JULIE STANGEL

Contact Person and Telephone
Julie Stangel
847-746-8435

Date Completed
4/4/2014

Registered Agent Information

Life Care Facility

Building		Reported Age
Building 1	The Grove at The Lake Living an	40
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	175
Total Admissions 2013	401
Total Discharges 2013	401
Residents on 12/31/2013	175

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	33
Mental Illness	0
Developmental Disability	2
Circulatory System	0
Respiratory System	56
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	46
Injuries and Poisonings	0
Other Medical Conditions	33
Non-Medical Conditions	0
TOTALS	173

Total Residents Diagnosed as Mentally Ill 22

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	230	230	173	230	173	57	67	230
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	230	230	173	230	173	57	67	230

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8521	34.8%	52221	62.2%	0	63	1713	0	62518	74.5%	74.5%
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	8521	34.8%	52221	62.2%	0	63	1713	0	62518	74.5%	74.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	1	0	0	0	0	0	0	1	1	2
45 to 59	26	17	0	0	0	0	0	0	26	17	43
60 to 64	9	9	0	0	0	0	0	0	9	9	18
65 to 74	26	20	0	0	0	0	0	0	26	20	46
75 to 84	20	19	0	0	0	0	0	0	20	19	39
85+	3	22	0	0	0	0	0	0	3	22	25
TOTALS	85	88	0	0	0	0	0	0	85	88	173

GROVE AT THE LAKE LIVING & REHAB CENTER
2534 ELIM AVENUE
ZION, IL. 60099

Classification Numbers

License Number	6008593	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	136	0	1	5	13	173
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	136	0	1	5	13	173

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	198
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	39	0	0	0	39
Hawaiian/Pacific Isl.	0	0	0	0	0
White	134	0	0	0	134
Race Unknown	0	0	0	0	0
Total	173	0	0	0	173

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	163	0	0	0	163
Ethnicity Unknown	0	0	0	0	0
Total	173	0	0	0	173

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	17.00
Certified Aides	63.00
Other Health Staff	3.00
Non-Health Staff	59.00
Totals	162.00

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
37.0%	59.3%	0.0%	0.8%	3.0%	100.0%		
5,031,254	8,065,310	0	107,380	407,361	13,611,305	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROVE LINCOLN PARK LIVING & REHAB
2732 NORTH HAMPDEN COURT
CHICAGO, IL. 60614

Reference Numbers Facility ID 6005516
Health Service Area 006 Planning Service Area 602

Administrator
Harry Schayer

Contact Person and Telephone
Harry Schayer
773-248-6000

Date Completed
4/3/2014

Registered Agent Information
Harry Schayer
2732 N Hampden Ct
Chicago, IL 60614

Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	80
Total Admissions 2013	358
Total Discharges 2013	366
Residents on 12/31/2013	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	35
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	109	101	96	101	72	37	109	109
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	109	101	96	101	72	37	109	109

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17822	44.8%	9437	23.7%	0	351	2301	0	29911	75.2%	81.1%
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	17822	44.8%	9437	23.7%	0	351	2301	0	29911	75.2%	81.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	8	12	0	0	0	0	0	0	8	12	20
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	4	26	0	0	0	0	0	0	4	26	30
TOTALS	22	50	0	0	0	0	0	0	22	50	72

GROVE LINCOLN PARK LIVING & REHAB
2732 NORTH HAMPDEN COURT
CHICAGO, IL. 60614

Classification Numbers

License Number	6005516	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	24	1	1	7	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	39	24	1	1	7	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	23	0	0	0	23
Hawaiian/Pacific Isl.	1	0	0	0	1
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	4.00
Certified Aides	30.00
Other Health Staff	2.00
Non-Health Staff	25.00
Totals	79.00

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
81.2%	13.0%	0.0%	1.3%	4.6%	100.0%		
9,909,647	1,582,097	0	154,018	558,808	12,204,570	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROVE OF SKOKIE LIVING & REHAB
9000 N LAVERGNE AVENUE
SKOKIE, IL. 60077

Reference Numbers Facility ID 6009625
Health Service Area 007 Planning Service Area 702

Administrator
Ambreen Qureshi

Contact Person and Telephone
AMBREEN QURESHI
847-679-2322

Date Completed
3/17/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	136
Total Admissions 2013	166
Total Discharges 2013	154
Residents on 12/31/2013	148

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	32
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	101
Non-Medical Conditions	0
TOTALS	148

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	149	149	149	149	148	1	98	149
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	149	149	149	149	148	1	98	149

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	859	2.4%	3143	5.8%	233	119	194	0	4548	8.4%	8.4%
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	859	2.4%	3143	5.8%	233	119	194	0	4548	8.4%	8.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	0	0	0	0	2	2
45 to 59	8	7	0	0	0	0	0	0	8	7	15
60 to 64	7	8	0	0	0	0	0	0	7	8	15
65 to 74	18	16	0	0	0	0	0	0	18	16	34
75 to 84	20	19	0	0	0	0	0	0	20	19	39
85+	12	31	0	0	0	0	0	0	12	31	43
TOTALS	65	83	0	0	0	0	0	0	65	83	148

GROVE OF SKOKIE LIVING & REHAB
9000 N LAVERGNE AVENUE
SKOKIE, IL. 60077

Classification Numbers

License Number	6009625	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	102	7	0	8	0	148
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	102	7	0	8	0	148

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	42	0	0	0	42
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	15	0	0	0	15
Total	148	0	0	0	148

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	146	0	0	0	146
Ethnicity Unknown	0	0	0	0	0
Total	148	0	0	0	148

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	3.00
Certified Aides	54.00
Other Health Staff	5.00
Non-Health Staff	44.00
Totals	134.00

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
37.9%	54.3%	4.0%	0.5%	3.2%	100.0%		
4,714,426	6,752,999	500,619	66,217	402,375	12,436,636	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	11/15/2012	Formerly Grove North Living & Rehabilitation Center.

H & J VON DER LIETH LIVING CENTER
1120 NORTH TOPPER DRIVE
MOUNT PULASKI, IL. 62548

Reference Numbers Facility ID 6003917
Health Service Area 003 Planning Service Area 107

Administrator
Kynda Buenrostro

Contact Person and Telephone
Rabecca Howard
309-828-4361

Date Completed
4/4/2014

Registered Agent Information
W Richard Edwards
530 North Scott Street
Mount Pulaski, IL 62548

Building		Reported Age
Building 1	Skilled Nursing Facility	40
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	67
Total Admissions 2013	70
Total Discharges 2013	66
Residents on 12/31/2013	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	90	76	90	71	19	0	90
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	90	76	90	71	19	0	90

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2007	0.0%	11513	35.0%	0	0	11978	0	25498	77.6%	77.6%
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	2007	0.0%	11513	35.0%	0	0	11978	0	25498	77.6%	77.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	4	13	0	0	0	0	0	0	4	13	17
85+	14	35	0	0	0	0	0	0	14	35	49
TOTALS	19	52	0	0	0	0	0	0	19	52	71

H & J VON DER LIETH LIVING CENTER
1120 NORTH TOPPER DRIVE
MOUNT PULASKI, IL. 62548

Classification Numbers

License Number	6003917	
Health Service Area	003	
Planning Service Area	107	Logan

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	30	0	0	35	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	30	0	0	35	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.53
LPN's	14.48
Certified Aides	34.17
Other Health Staff	0.00
Non-Health Staff	32.13
Totals	90.32

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
24.4%	27.7%	0.0%	0.0%	47.9%	100.0%		
1,009,313	1,144,227	0	0	1,977,776	4,131,316	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HALLAM TERRACE
1108 TAYLOR STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6010821
Health Service Area 001 Planning Service Area 201

Administrator
Steve Bennett

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Hallam Terrace	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	9	0	0	1	9	10
45 to 59	0	0	0	0	3	1	0	0	3	1	4
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	5	10	0	0	5	10	15

HALLAM TERRACE
1108 TAYLOR STREET
ROCKFORD, IL. 61101

Classification Numbers

License Number	6010821	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	132
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	710,243	0	0	0	710,243	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HALLMARK HOUSE NURSING CENTER
2501 ALLENTOWN ROAD
PEKIN, IL. 61554

Reference Numbers Facility ID 6003933
Health Service Area 002 Planning Service Area 179

Administrator
Laurie Read

Contact Person and Telephone
Jenny Cooper
309-347-3121

Date Completed
3/13/2014

Registered Agent Information

Building		Reported Age
Building 1	Hallmark House Nursing Center	54
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	62
Total Admissions 2013	151
Total Discharges 2013	234
Residents on 12/31/2013	-21

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	9
Developmental Disability	0
Circulatory System	21
Respiratory System	11
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	8
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	68

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	71	70	70	70	68	3	71	36
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	71	70	70	70	68	3	71	36

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6487	25.0%	6769	51.5%	0	0	8360	0	21616	83.4%	84.6%
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	6487	25.0%	6769	51.5%	0	0	8360	0	21616	83.4%	84.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	10	11	0	0	0	0	0	0	10	11	21
85+	10	30	0	0	0	0	0	0	10	30	40
TOTALS	25	43	0	0	0	0	0	0	25	43	68

HALLMARK HOUSE NURSING CENTER
2501 ALLENTOWN ROAD
PEKIN, IL. 61554

Classification Numbers

License Number	6003933	
Health Service Area	002	
Planning Service Area	179	Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	18	0	0	25	0	68
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	18	0	0	25	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	290	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	7.00
Certified Aides	34.00
Other Health Staff	13.00
Non-Health Staff	19.00
Totals	82.00

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
38.9%	21.2%	0.0%	0.0%	39.8%	100.0%		
1,571,205	858,132	0	0	1,609,263	4,038,600	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HAMILTON MEMORIAL NURSING & REHAB CENT
609 S MARSHALL AVE BOX 279
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6003974
Health Service Area 005 Planning Service Area 059

Administrator
Kelly Boggess

Contact Person and Telephone
Kelly Boggess
618-643-2325

Date Completed
3/27/2014

Registered Agent Information
Hamilton Mem Nsg & Rehab Ctr
609 S Marshall Ave P.O. Box 279
McLeansboro, IL 62859

Building		Reported Age
Building 1	Hamilton Mem Nsg & Rehab Ctr	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	49
Total Admissions 2013	59
Total Discharges 2013	61
Residents on 12/31/2013	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	6
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	60	47	60	47	13	0	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	60	47	60	47	13	0	60

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2004	0.0%	10158	46.4%	1	30	5120	0	17313	79.1%	79.1%
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	2004	0.0%	10158	46.4%	1	30	5120	0	17313	79.1%	79.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	5	8	0	0	0	0	0	0	5	8	13
85+	5	24	0	0	0	0	0	0	5	24	29
TOTALS	14	33	0	0	0	0	0	0	14	33	47

HAMILTON MEMORIAL NURSING & REHAB CENT
609 S MARSHALL AVE BOX 279
MCLEANSBORO, IL. 62859

Classification Numbers

License Number	6003974	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	29	1	1	13	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	29	1	1	13	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	114
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	21.00
Other Health Staff	2.00
Non-Health Staff	12.00
Totals	48.00

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
34.2%	40.1%	3.5%	2.0%	20.2%	100.0%		
900,378	1,056,037	91,746	51,740	532,725	2,632,626	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HAMMETT HOUSE
1845 1ST AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID 6003982
Health Service Area 001 Planning Service Area 195

Administrator
Justin Connelly

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Hammett House	26
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	1
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5710	97.8%	0	0	0	0	5710	97.8%	97.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5710	97.8%	0	0	0	0	5710	97.8%	97.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	5	0	0	3	5	8
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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	6	10	0	0	6	10	16

HAMMETT HOUSE
1845 1ST AVENUE
STERLING, IL. 61081

Classification Numbers

License Number	6003982	
Health Service Area	001	
Planning Service Area	195	Whiteside

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	121
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	82.4%	1.1%	0.0%	16.4%	100.0%		
0	571,394	7,930	0	113,822	693,146	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HAMMOND HOUSE
6701 SOUTH MORGAN
CHICAGO, IL. 60621

Reference Numbers Facility ID 6003990
Health Service Area 006 Planning Service Area 603

Administrator
Linda Darling

Contact Person and Telephone
Linda Darling
773-918-6209

Date Completed
3/10/2014

Registered Agent Information
Adrienne Golembiewski
1359 West Washington Blvd.
Chicago, IL 60607

Building	Reported Age
Building 1 Hammond House	28
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	14	15	14	1		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	14	15	14	1	0	15

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5110	93.3%	0	0	0	0	5110	93.3%	93.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	93.3%	0	0	0	0	5110	93.3%	93.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	7	0	0	0	7	7
45 to 59	0	0	0	0	0	5	0	0	0	5	5
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	0	14	0	0	0	14	14

HAMMOND HOUSE
6701 SOUTH MORGAN
CHICAGO, IL. 60621

Classification Numbers

License Number	6003990	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	126	126
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	13	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	1	0	1
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	14.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	583,431	0	0	0	583,431	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HAMMOND-HENRY DISTRICT HOSPITAL
600 NORTH COLLEGE AVENUE
GENESEO, IL. 61254

Reference Numbers Facility ID 6004006
Health Service Area 010 Planning Service Area 073

Administrator
Bradley Solberg

Contact Person and Telephone
KATHY TANK
309-944-9102

Date Completed
4/2/2014

Registered Agent Information

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	35

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Long Term Care	3
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	35
Total Admissions 2013	103
Total Discharges 2013	103
Residents on 12/31/2013	35

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	38	38	38	38	35	3	25	4
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	38	38	38	38	35	3	25	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1873	20.5%	121	8.3%	0	60	10030	0	12084	87.1%	87.1%
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	1873	20.5%	121	8.3%	0	60	10030	0	12084	87.1%	87.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	0	2	0	0	0	0	0	0	0	2	2
85+	5	27	0	0	0	0	0	0	5	27	32
TOTALS	6	29	0	0	0	0	0	0	6	29	35

HAMMOND-HENRY DISTRICT HOSPITAL
600 NORTH COLLEGE AVENUE
GENESEO, IL. 61254

Classification Numbers

License Number	6004006	
Health Service Area	010	
Planning Service Area	073	Henry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	1	0	0	32	0	35
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	1	0	0	32	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	161
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	35	0	0	0	35

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	0	35
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	0	35

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	3.00
Certified Aides	10.00
Other Health Staff	1.00
Non-Health Staff	1.50
Totals	20.50

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
12.3%	4.5%	0.7%	0.0%	82.6%	100.0%		
249,237	90,830	13,598	0	1,673,265	2,026,930	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HARBOR CREST HOME
817 17TH STREET
FULTON, IL. 61252

Reference Numbers Facility ID 6004048
Health Service Area 001 Planning Service Area 195

Administrator
Myra A Chattic

Contact Person and Telephone
Jennifer Swanson
815-589-3411

Date Completed
4/4/2014

Registered Agent Information
Myra A Chattic
817 17th Street
Fulton, IL 61252

Life Care Facility

Building		Reported Age
Building 1	Jun-67	47
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	42
Total Admissions 2013	47
Total Discharges 2013	41
Residents on 12/31/2013	48

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	8
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	48

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	84	84	49	84	48	36	0	84
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	84	84	49	84	48	36	0	84

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	631	0.0%	8306	27.1%	0	0	6756	0	15693	51.2%	51.2%
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	631	0.0%	8306	27.1%	0	0	6756	0	15693	51.2%	51.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	5	9	0	0	0	0	0	0	5	9	14
85+	13	17	0	0	0	0	0	0	13	17	30
TOTALS	19	29	0	0	0	0	0	0	19	29	48

HARBOR CREST HOME
817 17TH STREET
FULTON, IL. 61252

Classification Numbers

License Number	6004048	
Health Service Area	001	
Planning Service Area	195	Whiteside

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	19	0	0	25	0	48
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	19	0	0	25	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	186
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	0	48

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	5.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	40.00

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
0.0%	43.4%	0.0%	0.0%	56.6%	100.0%		
0	955,338	0	0	1,248,265	2,203,603	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HARMONY NURSING AND REHAB CTR
3919 WEST FOSTER AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6013684
Health Service Area 006 Planning Service Area 601

Administrator
Allen Hollander

Contact Person and Telephone
Allen Hollander
773-588-9500

Date Completed
4/1/2014

Registered Agent Information
Sandra Cedrins
6633 N. Lincoln
Liincolnwood, IL 60712

Building	Reported Age
Building 1 Harmony Nursing and Rehabilita	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	175
Total Admissions 2013	612
Total Discharges 2013	614
Residents on 12/31/2013	173

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	26
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	12
Mental Illness	4
Developmental Disability	1
Circulatory System	27
Respiratory System	33
Digestive System	18
Genitourinary System Disorders	4
Skin Disorders	8
Musculo-skeletal Disorders	28
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	173

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	180	180	176	180	173	7	180	180
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	180	180	176	180	173	7	180	180

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7614	11.6%	40987	62.4%	892	2108	6684	0	58285	88.7%	88.7%
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	7614	11.6%	40987	62.4%	892	2108	6684	0	58285	88.7%	88.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	7	0	0	0	0	0	0	2	7	9
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	15	15	0	0	0	0	0	0	15	15	30
75 to 84	19	33	0	0	0	0	0	0	19	33	52
85+	19	58	0	0	0	0	0	0	19	58	77
TOTALS	59	114	0	0	0	0	0	0	59	114	173

HARMONY NURSING AND REHAB CTR
3919 WEST FOSTER AVENUE
CHICAGO, IL. 60625

Classification Numbers

License Number	6013684	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	112	3	18	16	0	173
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	112	3	18	16	0	173

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	178
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	30	0	0	0	30
American Indian	4	0	0	0	4
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	33	0	0	0	33
Total	173	0	0	0	173

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	33	0	0	0	33
Non-Hispanic	140	0	0	0	140
Ethnicity Unknown	0	0	0	0	0
Total	173	0	0	0	173

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	16.00
Certified Aides	50.00
Other Health Staff	5.00
Non-Health Staff	67.00
Totals	163.00

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
17.5%	65.7%	1.4%	3.1%	12.3%	100.0%		
1,757,486	6,602,248	143,996	309,505	1,237,351	10,050,586	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HARRIS PLACE
209 HARRIS ROAD
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6013346
Health Service Area 002 Planning Service Area 179

Administrator
LeAnn Thomas

Contact Person and Telephone
LeAnn Thomas
309-698-9600

Date Completed
3/27/2014

Registered Agent Information
John Mirecki
3615 Park Drive Ste 100
Olympia Fields, IL 60451

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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	13

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Harris Place	22
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	3
Total Discharges 2013	2
Residents on 12/31/2013	13

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	13	3	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4758	81.5%	0	0	0	0	4758	81.5%	81.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4758	81.5%	0	0	0	0	4758	81.5%	81.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	2	0	0	1	2	3
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	7	0	0	6	7	13

HARRIS PLACE
209 HARRIS ROAD
EAST PEORIA, IL. 61611

Classification Numbers

License Number	6013346	
Health Service Area	002	
Planning Service Area	179	Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	139	129
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	9.00
Totals	18.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	467,454	0	0	0	467,454	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HART HOUSE
905 NORTHEAST PERRY STREET
PEORIA, IL. 61603

Reference Numbers Facility ID 6004063
Health Service Area 002 Planning Service Area 143

Administrator
Marie Dixon

Contact Person and Telephone
MARIE DIXON

Registered Agent Information

Date Completed
3/13/2014

Building	Reported Age
Building 1 Hart Housr ICF/DD	27
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	11
Total Admissions 2013	0
Total Discharges 2013	2
Residents on 12/31/2013	9

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	9
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	9

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	11	15	9	6		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	11	15	9	6	0	15

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			3689	67.4%	0	0	0	0	3689	67.4%	67.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3689	67.4%	0	0	0	0	3689	67.4%	67.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	0	0	0	5	0	5
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	9	0	0	0	9	0	9

HART HOUSE
905 NORTHEAST PERRY STREET
PEORIA, IL. 61603

Classification Numbers

License Number	6004063	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		9	0	0	0	0	9
Sheltered Care			0	0	0	0	0
TOTALS	0	9	0	0	0	0	9

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	119
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	9	0	9

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	9	0	9
Ethnicity Unknown	0	0	0	0	0
Total	0	0	9	0	9

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	7.00
Non-Health Staff	0.00
Totals	8.00

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
0.0%	63.6%	0.0%	0.0%	36.4%	100.0%		
0	170,258	0	0	97,284	267,542	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HARTRICK HOUSE
702 NORTHEAST MADISON STREET
PEORIA, IL. 61603

Reference Numbers Facility ID 6004071
Health Service Area 002 Planning Service Area 143

Administrator
Marie Dixon

Contact Person and Telephone
MARIE DIXON
309-673-2676

Date Completed
3/13/2014

Registered Agent Information

Building		Reported Age
Building 1	Hartrick House ICF/DD	27
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	0
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
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	11

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	12	5	11	4		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	12	5	11	4	0	15

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4178	76.3%	0	0	0	0	4178	76.3%	76.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4178	76.3%	0	0	0	0	4178	76.3%	76.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	2	0	2
45 to 59	0	0	0	0	2	4	0	0	2	4	6
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	5	6	0	0	5	6	11

HARTRICK HOUSE
702 NORTHEAST MADISON STREET
PEORIA, IL. 61603

Classification Numbers

License Number	6004071	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	114
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	8.00
Non-Health Staff	0.00
Totals	9.00

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
0.0%	85.0%	0.0%	0.0%	15.0%	100.0%		
0	581,189	0	0	102,206	683,395	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HARVEY HOUSE
3309 SOUTH HARVEY
BERWYN, IL. 60402

Reference Numbers Facility ID 6008429
Health Service Area 007 Planning Service Area 704

Administrator
Sheryl Kincinas

Contact Person and Telephone
Megan Wrenn
708-398-6562

Date Completed
3/20/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	2
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	14	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	14	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5408	92.6%	0	0	0	0	5408	92.6%	92.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5408	92.6%	0	0	0	0	5408	92.6%	92.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	5	0	0	1	5	6
45 to 59	0	0	0	0	4	1	0	0	4	1	5
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	7	7	0	0	7	7	14

HARVEY HOUSE
3309 SOUTH HARVEY
BERWYN, IL. 60402

Classification Numbers

License Number	6008429	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	1.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	17.00

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
0.0%	84.1%	15.9%	0.0%	0.0%	100.0%		
0	736,514	139,759	0	0	876,273	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HAVANA HEALTH CARE CENTER
609 NORTH HARPHAM STREET
HAVANA, IL. 62644

Reference Numbers Facility ID 6004089
Health Service Area 003 Planning Service Area 125

Administrator
Janice L. Tabor

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/26/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Havana Health Care Center/Nur	43
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	62
Total Admissions 2013	72
Total Discharges 2013	77
Residents on 12/31/2013	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	5
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	7
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	94	65	94	57	41	18	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	94	65	94	57	41	18	98

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1350	20.5%	11878	33.2%	3052	68	5536	0	21884	61.2%	63.8%
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	1350	20.5%	11878	33.2%	3052	68	5536	0	21884	61.2%	63.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	6	17	0	0	0	0	0	0	6	17	23
85+	4	10	0	0	0	0	0	0	4	10	14
TOTALS	17	40	0	0	0	0	0	0	17	40	57

HAVANA HEALTH CARE CENTER
609 NORTH HARPHAM STREET
HAVANA, IL. 62644

Classification Numbers

License Number	6004089	
Health Service Area	003	
Planning Service Area	125	Mason

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	34	9	1	11	0	57
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	34	9	1	11	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	123
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	9.00
Certified Aides	20.00
Other Health Staff	3.00
Non-Health Staff	20.00
Totals	57.00

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
22.1%	53.2%	0.0%	0.7%	23.9%	100.0%		
642,649	1,545,846	0	21,793	695,615	2,905,903	1,981	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HAWTHORNE INN OF DANVILLE
3222 INDEPENDENCE DRIVE
DANVILLE, IL. 61832

Reference Numbers Facility ID 6015317
Health Service Area 004 Planning Service Area 183

Administrator
Lisa Miller

Contact Person and Telephone
LISA MILLER
217-431-1600 Option 1

Date Completed
2/28/2014

Registered Agent Information
Mike Bibo
285 S. Farnham St.
Galesburg, IL 61401

Continuing Care Retirement Community

Building	Reported Age
Building 1 Hawthorne Inn	14
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	108
Total Admissions 2013	341
Total Discharges 2013	328
Residents on 12/31/2013	121

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	26
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	17
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	23
Injuries and Poisonings	0
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	121

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	76	76	75	76	70	6	76	52
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	64	64	55	64	51	13		
TOTAL BEDS	140	140	130	140	121	19	76	52

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7886	28.4%	6121	32.2%	483	17	11321	0	25828	93.1%	93.1%
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	17928	0	17928	76.7%	76.7%
TOTALS	7886	28.4%	6121	32.2%	483	17	29249	0	43756	85.6%	85.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	3	0	0	0	0	1	0	6	3	9
75 to 84	3	11	0	0	0	0	4	5	7	16	23
85+	10	37	0	0	0	0	11	30	21	67	88
TOTALS	18	52	0	0	0	0	16	35	34	87	121

HAWTHORNE INN OF DANVILLE
3222 INDEPENDENCE DRIVE
DANVILLE, IL. 61832

Classification Numbers

License Number	6015317	
Health Service Area	004	
Planning Service Area	183	Vermilion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	18	1	0	30	0	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	51	0	51
TOTALS	21	18	1	0	81	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	135	120

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	51	120
Race Unknown	0	0	0	0	0
Total	70	0	0	51	121

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	70	0	0	51	121
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	51	121

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	11.00
Certified Aides	75.00
Other Health Staff	35.00
Non-Health Staff	11.00
Totals	147.00

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
36.3%	10.8%	0.3%	5.8%	46.8%	100.0%		
3,165,514	941,208	27,718	510,046	4,083,589	8,728,075	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	1/9/2012	Facility added 6 Nursing Care beds and discontinued 6 Sheltered Care beds; facility now has 76 Nursing Care and 64 Sheltered Care beds.

HAWTHORNE TERRACE
2136 WINDISH DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6012876
Health Service Area 002 Planning Service Area 095

Administrator
Tiffany Lair

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Hawthorne	22
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	7
Residents on 12/31/2013	9

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	9
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	9

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	9	7		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	9	7	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4262	#Div/0!	0	0	0	0	4262	73.0%	73.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4262	0.0%	0	0	0	0	4262	73.0%	73.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	1	0	0	1	1	2
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	3	0	0	1	3	4
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	3	6	0	0	3	6	9

HAWTHORNE TERRACE
2136 WINDISH DRIVE
GALESBURG, IL. 61401

Classification Numbers

License Number	6012876	
Health Service Area	002	
Planning Service Area	095	Knox

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		9	0	0	0	0	9
Sheltered Care			0	0	0	0	0
TOTALS	0	9	0	0	0	0	9

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	117
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	9	0	9

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	9	0	9
Ethnicity Unknown	0	0	0	0	0
Total	0	0	9	0	9

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	580,783	0	0	0	580,783	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTHSTONE MANOR
920 NORTH SEMINARY AVENUE
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6009310
Health Service Area 008 Planning Service Area 111

Administrator
Richard J. Hattan

Contact Person and Telephone
Richrd J. Hattan
815-321-4028

Date Completed
3/21/2014

Registered Agent Information
Terry Egan
920 N. Seminary Avenue
Woodstock, IL 60098

Building		Reported Age
Building 1	Hearthstone Manor	63
Building 2	Hearthstone Village	29
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	97
Total Admissions 2013	200
Total Discharges 2013	207
Residents on 12/31/2013	90

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	24
Mental Illness	10
Developmental Disability	1
Circulatory System	16
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	2
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	90

Total Residents Diagnosed as Mentally Ill 14

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	75	71	56	71	54	21	29	32
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	63	50	43	50	36	27		
TOTAL BEDS	138	121	99	121	90	48	29	32

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4987	47.1%	7182	61.5%	0	0	7221	0	19390	70.8%	74.8%
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					1746	0	12207	0	13953	60.7%	76.5%
TOTALS	4987	47.1%	7182	61.5%	1746	0	19428	0	33343	66.2%	75.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	1	1	3	3	6
75 to 84	4	2	0	0	0	0	1	4	5	6	11
85+	7	37	0	0	0	0	5	24	12	61	73
TOTALS	13	41	0	0	0	0	7	29	20	70	90

HEARTHSTONE MANOR
920 NORTH SEMINARY AVENUE
WOODSTOCK, IL. 60098

Classification Numbers

License Number	6009310	
Health Service Area	008	
Planning Service Area	111	McHenry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	12	0	0	30	0	54
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			4	0	32	0	36
TOTALS	12	12	4	0	62	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	282	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	191	162

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	31	78
Race Unknown	7	0	0	5	12
Total	54	0	0	36	90

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	5	12
Non-Hispanic	47	0	0	31	78
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	36	90

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.85
LPN's	1.86
Certified Aides	34.01
Other Health Staff	6.11
Non-Health Staff	24.04
Totals	81.87

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
33.4%	13.9%	0.9%	0.0%	51.8%	100.0%		
2,450,650	1,022,170	67,606	0	3,807,803	7,348,229	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND CHRISTIAN VILLAGE
101 TROWBRIDGE ROAD
NEOGA, IL. 62447

Reference Numbers Facility ID 6013437
Health Service Area 004 Planning Service Area 029

Administrator
John Letizia

Contact Person and Telephone
Susan McGhee

Date Completed
3/27/2014

Registered Agent Information
John Letizia, Administrator
101 Trowbridge Road
Neoga, IL 62447

Building		Reported Age
Building 1	101 Trowbridge Road: Main Buil	22
Building 2	102/104 Duplex	24
Building 3	103/105 Duplex	24
Building 4	106/108 Duplex	24
Building 5	107/109 Duplex	24

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	61
Total Admissions 2013	127
Total Discharges 2013	120
Residents on 12/31/2013	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	5
Mental Illness	9
Developmental Disability	2
Circulatory System	11
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	28
Non-Medical Conditions	3
TOTALS	68

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	71	71	71	71	68	3	71	56
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	71	71	71	71	68	3	71	56

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4212	16.3%	7960	38.9%	0	117	10690	0	22979	88.7%	88.7%
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	4212	16.3%	7960	38.9%	0	117	10690	0	22979	88.7%	88.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	4	4	0	0	0	0	0	0	4	4	8
85+	7	49	0	0	0	0	0	0	7	49	56
TOTALS	12	56	0	0	0	0	0	0	12	56	68

HEARTLAND CHRISTIAN VILLAGE
101 TROWBRIDGE ROAD
NEOGA, IL. 62447

Classification Numbers

License Number	6013437	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	23	0	1	30	0	68
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	23	0	1	30	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	12.00
Certified Aides	31.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	77.00

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
41.4%	22.0%	0.0%	1.2%	35.3%	100.0%		
2,097,623	1,115,825	0	61,598	1,787,709	5,062,755	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND HEALTHCARE CENTER PEORIA
5600 GLEN ELM DRIVE
PEORIA, IL. 61614

Reference Numbers Facility ID 6000293
Health Service Area 002 Planning Service Area 143

Administrator
Carol Williams

Contact Person and Telephone
Carol Williams
309-693-8777

Date Completed
3/25/2014

Registered Agent Information
N/A

Building	Reported Age
Building 1 original building	50
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	135
Total Admissions 2013	701
Total Discharges 2013	714
Residents on 12/31/2013	122

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	51
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	31
Injuries and Poisonings	14
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	122

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	144	142	142	142	122	22	144	44
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	144	142	142	142	122	22	144	44

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13790	26.2%	12336	76.8%	0	13859	7438	0	47423	90.2%	91.5%
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	13790	26.2%	12336	76.8%	0	13859	7438	0	47423	90.2%	91.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	1	0	0	0	0	0	0	1	1	2
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	13	12	0	0	0	0	0	0	13	12	25
75 to 84	18	20	0	0	0	0	0	0	18	20	38
85+	14	33	0	0	0	0	0	0	14	33	47
TOTALS	52	70	0	0	0	0	0	0	52	70	122

HEARTLAND HEALTHCARE CENTER PEORIA
5600 GLEN ELM DRIVE
PEORIA, IL. 61614

Classification Numbers

License Number	6000293	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	38	0	29	16	0	122
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	39	38	0	29	16	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	279	244
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	23	0	0	0	23
Hawaiian/Pacific Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	0	0	0	0	0
Total	122	0	0	0	122

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	122	0	0	0	122
Ethnicity Unknown	0	0	0	0	0
Total	122	0	0	0	122

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	15.00
Certified Aides	47.00
Other Health Staff	24.00
Non-Health Staff	30.00
Totals	131.00

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
48.3%	11.7%	1.9%	24.8%	13.3%	100.0%		
6,926,875	1,676,676	274,595	3,563,948	1,911,741	14,353,835	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND MANOR NURSING HOME
410 NORTHWEST THIRD
CASEY, IL. 62420

Reference Numbers Facility ID 6004121
Health Service Area 004 Planning Service Area 023

Administrator
Penny J Chrysler

Contact Person and Telephone
PENNY J. CHRYSLER
217-932-4081

Date Completed
4/3/2014

Registered Agent Information

Building	Reported Age
Building 1	49
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	64
Total Admissions 2013	65
Total Discharges 2013	67
Residents on 12/31/2013	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	4
Mental Illness	3
Developmental Disability	1
Circulatory System	13
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	11
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	81	81	69	81	62	19	35	71
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	81	81	69	81	62	19	35	71

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3205	25.1%	10424	40.2%	0	0	9638	0	23267	78.7%	78.7%
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	3205	25.1%	10424	40.2%	0	0	9638	0	23267	78.7%	78.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	6	17	0	0	0	0	0	0	6	17	23
85+	5	24	0	0	0	0	0	0	5	24	29
TOTALS	16	46	0	0	0	0	0	0	16	46	62

HEARTLAND MANOR NURSING HOME
410 NORTHWEST THIRD
CASEY, IL. 62420

Classification Numbers

License Number	6004121	
Health Service Area	004	
Planning Service Area	023	Clark

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	26	0	0	30	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	26	0	0	30	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	127
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	11.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	78.00

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
28.4%	33.0%	0.0%	0.0%	38.6%	100.0%		
1,091,521	1,268,967	0	0	1,485,949	3,846,437	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF CANTON
2081 NORTH MAIN STREET
CANTON, IL. 61520

Reference Numbers Facility ID 6011597
Health Service Area 002 Planning Service Area 057

Administrator
Nicole Friend

Contact Person and Telephone
Anthony Harwood

Registered Agent Information **Date Completed** 3/25/2013

Building	Reported Age
Building 1	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	71
Total Admissions 2013	232
Total Discharges 2013	235
Residents on 12/31/2013	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	5
Digestive System	9
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	68

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	85	80	82	68	22	90	90
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	85	80	82	68	22	90	90

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3004	9.1%	12313	37.5%	1288	1862	6962	0	25429	77.4%	82.0%
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	3004	9.1%	12313	37.5%	1288	1862	6962	0	25429	77.4%	82.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	4	0	0	0	0	0	0	0	4	4
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	0	8	0	0	0	0	0	0	0	8	8
75 to 84	5	21	0	0	0	0	0	0	5	21	26
85+	12	15	0	0	0	0	0	0	12	15	27
TOTALS	19	49	0	0	0	0	0	0	19	49	68

HEARTLAND OF CANTON
2081 NORTH MAIN STREET
CANTON, IL. 61520

Classification Numbers

License Number	6011597	
Health Service Area	002	
Planning Service Area	057	Fulton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	40	0	3	13	0	68
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	40	0	3	13	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	187
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	7.00
Certified Aides	28.00
Other Health Staff	7.00
Non-Health Staff	16.00
Totals	73.00

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
27.5%	28.9%	3.0%	14.4%	26.2%	100.0%		
1,453,468	1,524,907	159,054	761,199	1,381,566	5,280,194	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF CHAMPAIGN
309 EAST SPRINGFIELD
CHAMPAIGN, IL. 61820

Reference Numbers Facility ID 6000301
Health Service Area 004 Planning Service Area 019

Administrator
Dawn Job

Contact Person and Telephone
Anthony Harwood

Registered Agent Information **Date Completed** 3/5/2014

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	87
Total Admissions 2013	616
Total Discharges 2013	618
Residents on 12/31/2013	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	11
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	9
Skin Disorders	4
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	102	93	92	93	84	18	102	57
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	102	93	92	93	84	18	102	57

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10927	29.3%	6780	32.6%	1084	4951	6743	0	30485	81.9%	89.8%
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	10927	29.3%	6780	32.6%	1084	4951	6743	0	30485	81.9%	89.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	4	0	0	0	0	0	0	2	4	6
60 to 64	5	0	0	0	0	0	0	0	5	0	5
65 to 74	6	11	0	0	0	0	0	0	6	11	17
75 to 84	10	13	0	0	0	0	0	0	10	13	23
85+	9	24	0	0	0	0	0	0	9	24	33
TOTALS	32	52	0	0	0	0	0	0	32	52	84

HEARTLAND OF CHAMPAIGN
309 EAST SPRINGFIELD
CHAMPAIGN, IL. 61820

Classification Numbers

License Number	6000301	
Health Service Area	004	
Planning Service Area	019	Champaign

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	21	3	11	19	0	87
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	21	3	11	19	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	237	204
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	1	0	0	0	1
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	83	0	0	0	83
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	19.00
Certified Aides	41.00
Other Health Staff	29.00
Non-Health Staff	26.00
Totals	129.00

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
57.5%	8.0%	0.2%	14.1%	20.1%	100.0%		
5,396,010	752,723	23,453	1,319,542	1,889,748	9,381,476	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF DECATUR
444 WEST HARRISON STREET
DECATUR, IL. 62526

Reference Numbers Facility ID 6000285
Health Service Area 004 Planning Service Area 115

Administrator
Rachel Cassella

Contact Person and Telephone
Anthony Harwood

Registered Agent Information **Date Completed** 4/4/2014

Building		Reported Age
Building 1	MAIN BUILDING	53
Building 2	ARCADIA ADDTN	14
Building 3	MEDICARE / THERAPY ADDTN	10
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	99
Total Admissions 2013	348
Total Discharges 2013	340
Residents on 12/31/2013	107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	52
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	12
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	107

Total Residents Diagnosed as Mentally Ill 54

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	117	112	111	112	107	10	117	32
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	117	112	111	112	107	10	117	32

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10243	24.0%	9553	81.8%	0	1484	15195	63	36538	85.6%	89.4%
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	10243	24.0%	9553	81.8%	0	1484	15195	63	36538	85.6%	89.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	3	0	0	0	0	0	0	0	3	3
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	10	9	0	0	0	0	0	0	10	9	19
75 to 84	12	16	0	0	0	0	0	0	12	16	28
85+	13	39	0	0	0	0	0	0	13	39	52
TOTALS	38	69	0	0	0	0	0	0	38	69	107

HEARTLAND OF DECATUR
444 WEST HARRISON STREET
DECATUR, IL. 62526

Classification Numbers

License Number	6000285	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	28	0	3	48	1	107
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	28	0	3	48	1	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	107	0	0	0	107

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	0	107

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	16.00
Certified Aides	52.00
Other Health Staff	16.00
Non-Health Staff	26.00
Totals	130.00

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
44.2%	11.8%	0.0%	6.3%	37.7%	100.0%		
4,041,830	1,081,079	0	576,636	3,450,313	9,149,858	12,625	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	1/15/2012	Facility added 5 Nursing Care beds; facility now has a total of 117 Nursing Care beds.

HEARTLAND OF GALESBURG
280 EAST LOSEY STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6003446
Health Service Area 002 Planning Service Area 095

Administrator
Gaurav Patel

Contact Person and Telephone
Anthony Harwood
419-254-5359

Date Completed
3/19/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	62
Total Admissions 2013	213
Total Discharges 2013	206
Residents on 12/31/2013	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	8
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 33

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	84	78	77	77	69	15	84	38
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	84	78	77	77	69	15	84	38

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4514	14.7%	11374	82.0%	2341	1718	5522	10	25479	83.1%	89.5%
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	4514	14.7%	11374	82.0%	2341	1718	5522	10	25479	83.1%	89.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	8	12	0	0	0	0	0	0	8	12	20
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	7	25	0	0	0	0	0	0	7	25	32
TOTALS	22	47	0	0	0	0	0	0	22	47	69

HEARTLAND OF GALESBURG
280 EAST LOSEY STREET
GALESBURG, IL. 61401

Classification Numbers

License Number	6003446	
Health Service Area	002	
Planning Service Area	095	Knox

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	31	5	0	22	1	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	31	5	0	22	1	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	191	167
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	2	0	0	0	2
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.00
Certified Aides	24.00
Other Health Staff	8.00
Non-Health Staff	17.00
Totals	64.00

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
38.6%	26.0%	6.6%	11.9%	16.8%	100.0%		
2,321,529	1,563,944	396,440	717,728	1,007,199	6,006,840	1,667	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF HENRY
1650 INDIAN TOWN ROAD
HENRY, IL. 61537

Reference Numbers Facility ID 6011613
Health Service Area 002 Planning Service Area 123

Administrator
Susan M. Legner

Contact Person and Telephone
Anthony Harwood
419-252-5359

Date Completed
4/3/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	70
Total Admissions 2013	283
Total Discharges 2013	278
Residents on 12/31/2013	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	37
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	12
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	94	91	84	91	75	19	66	30
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	94	91	84	91	75	19	66	30

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4777	19.8%	6157	56.2%	0	2881	13121	0	26936	78.5%	81.1%
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	4777	19.8%	6157	56.2%	0	2881	13121	0	26936	78.5%	81.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	2	0	0	0	0	0	0	5	2	7
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	15	26	0	0	0	0	0	0	15	26	41
TOTALS	28	47	0	0	0	0	0	0	28	47	75

HEARTLAND OF HENRY
1650 INDIAN TOWN ROAD
HENRY, IL. 61537

Classification Numbers

License Number	6011613	
Health Service Area	002	
Planning Service Area	123	Marshall/Stark

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	14	0	13	37	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	14	0	13	37	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	203	184
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	10.00
Certified Aides	35.00
Other Health Staff	11.00
Non-Health Staff	16.00
Totals	85.00

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
34.9%	9.9%	0.2%	17.9%	37.2%	100.0%		
2,403,577	679,851	12,958	1,236,270	2,562,994	6,895,650	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF MACOMB
#8 DOCTORS LANE
MACOMB, IL. 61455

Reference Numbers Facility ID 6005649
Health Service Area 002 Planning Service Area 109

Administrator
Christie Butler

Contact Person and Telephone
Anthony Harwood
419-254-5359

Date Completed
3/3/2014

Registered Agent Information
CT Corporation System
208 South LaSalle Street Suite 814
Chicago, IL 60604

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	68

Total Residents Diagnosed as Mentally Ill 28

Total Residents Reported as Identified Offenders 1

Building		Reported Age
Building 1	Main facility	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	67
Total Admissions 2013	297
Total Discharges 2013	296
Residents on 12/31/2013	68

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	80	74	80	68	12	80	80
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	80	74	80	68	12	80	80

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6649	22.8%	8620	29.5%	882	475	8592	3	25221	86.4%	86.4%
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	6649	22.8%	8620	29.5%	882	475	8592	3	25221	86.4%	86.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	8	12	0	0	0	0	0	0	8	12	20
85+	6	27	0	0	0	0	0	0	6	27	33
TOTALS	21	47	0	0	0	0	0	0	21	47	68

HEARTLAND OF MACOMB
#8 DOCTORS LANE
MACOMB, IL. 61455

Classification Numbers

License Number	6005649	
Health Service Area	002	
Planning Service Area	109	McDonough

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	30	0	2	22	1	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	30	0	2	22	1	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	174
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	68	0	0	0	68
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	6.00
Certified Aides	20.00
Other Health Staff	10.00
Non-Health Staff	11.00
Totals	61.00

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
53.5%	16.3%	1.7%	3.2%	25.3%	100.0%		
3,390,182	1,032,841	105,690	202,543	1,605,830	6,337,086	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF MOLINE
833 SIXTEENTH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6006233
Health Service Area 010 Planning Service Area 161

Administrator
Vickie J. Toomsen

Contact Person and Telephone
Vickie J. Toomsen
309-764-6744

Date Completed
3/5/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	125
Total Admissions 2013	631
Total Discharges 2013	626
Residents on 12/31/2013	130

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	18
Mental Illness	17
Developmental Disability	0
Circulatory System	31
Respiratory System	5
Digestive System	8
Genitourinary System Disorders	3
Skin Disorders	5
Musculo-skeletal Disorders	11
Injuries and Poisonings	10
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	130

Total Residents Diagnosed as Mentally Ill 19

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	149	139	139	138	130	19	149	56
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	149	139	139	138	130	19	149	56

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15543	28.6%	4705	23.0%	409	5813	20278	0	46748	86.0%	92.1%
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	15543	28.6%	4705	23.0%	409	5813	20278	0	46748	86.0%	92.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	1	0	0	0	0	0	0	5	1	6
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	19	29	0	0	0	0	0	0	19	29	48
85+	20	38	0	0	0	0	0	0	20	38	58
TOTALS	51	79	0	0	0	0	0	0	51	79	130

HEARTLAND OF MOLINE
833 SIXTEENTH AVENUE
MOLINE, IL. 61265

Classification Numbers

License Number	6006233	
Health Service Area	010	
Planning Service Area	161	Rock Island

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	15	0	20	57	0	130
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	38	15	0	20	57	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	231	202
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	130	0	0	0	130

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	130	0	0	0	130
Ethnicity Unknown	0	0	0	0	0
Total	130	0	0	0	130

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	27.00
Certified Aides	66.00
Other Health Staff	30.00
Non-Health Staff	29.00
Totals	166.00

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
52.2%	4.0%	0.3%	15.3%	28.2%	100.0%		
8,071,634	618,093	53,764	2,366,748	4,365,696	15,475,935	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF NORMAL
510 BROADWAY
NORMAL, IL. 61761

Reference Numbers Facility ID 6000244
Health Service Area 004 Planning Service Area 113

Administrator
Douglas Rutter

Contact Person and Telephone
Anthony Harwood

Date Completed
3/31/2014

Registered Agent Information
CT Corporation System
208 South La Salle St., Suite 814
Chicago, IL 60604

Building	Reported Age
Building 1 Main Building	60
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	103
Total Admissions 2013	529
Total Discharges 2013	540
Residents on 12/31/2013	92

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	20
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	28
Injuries and Poisonings	10
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	92

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	116	105	105	105	92	24	116	38
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	116	105	105	105	92	24	116	38

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12625	29.8%	10513	75.8%	222	3076	6695	0	33131	78.2%	86.4%
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	12625	29.8%	10513	75.8%	222	3076	6695	0	33131	78.2%	86.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	8	10	0	0	0	0	0	0	8	10	18
75 to 84	10	17	0	0	0	0	0	0	10	17	27
85+	9	30	0	0	0	0	0	0	9	30	39
TOTALS	31	61	0	0	0	0	0	0	31	61	92

HEARTLAND OF NORMAL
510 BROADWAY
NORMAL, IL. 61761

Classification Numbers

License Number	6000244	
Health Service Area	004	
Planning Service Area	113	McLean

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	32	0	6	16	0	92
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	38	32	0	6	16	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	351	266
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	92	0	0	0	92

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	19.00
Certified Aides	64.00
Other Health Staff	26.00
Non-Health Staff	20.00
Totals	143.00

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
62.6%	9.5%	0.3%	10.7%	16.9%	100.0%		
7,137,760	1,088,755	29,516	1,221,941	1,933,176	11,411,148	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF PAXTON
1001 EAST PELLS STREET
PAXTON, IL. 60957

Reference Numbers Facility ID 6011571
Health Service Area 004 Planning Service Area 053

Administrator
Amanda Gronsky

Contact Person and Telephone
Anthony Harwood
419-254-5359

Date Completed
3/26/2013

Registered Agent Information

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	8
Developmental Disability	0
Circulatory System	27
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	6
Musculo-skeletal Disorders	7
Injuries and Poisonings	10
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	86

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Building 0104	26
Building 2	Building 0204	16
Building 3	Building 0304	12
Building 4	Building 0404	9
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	93
Total Admissions 2013	415
Total Discharges 2013	422
Residents on 12/31/2013	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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	106	106	106	86	20	106	40
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	106	0	0	0	0	106		
TOTAL BEDS	212	106	106	106	86	126	106	40

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8635	22.3%	8698	59.6%	0	2167	14236	0	33736	87.2%	87.2%
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	8635	22.3%	8698	59.6%	0	2167	14236	0	33736	43.6%	87.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	11	5	0	0	0	0	0	0	11	5	16
75 to 84	8	9	0	0	0	0	0	0	8	9	17
85+	11	36	0	0	0	0	0	0	11	36	47
TOTALS	32	54	0	0	0	0	0	0	32	54	86

HEARTLAND OF PAXTON
1001 EAST PELLS STREET
PAXTON, IL. 60957

Classification Numbers

License Number	6011571	
Health Service Area	004	
Planning Service Area	053	Ford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	23	0	7	38	0	86
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	23	0	7	38	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	209	188
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	16.00
Certified Aides	36.00
Other Health Staff	13.00
Non-Health Staff	27.00
Totals	102.00

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
49.0%	11.1%	0.4%	9.6%	29.8%	100.0%		
4,479,885	1,015,321	36,152	881,777	2,725,523	9,138,658	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF RIVERVIEW
500 CENTENNIAL DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6008056
Health Service Area 002 Planning Service Area 179

Administrator
Lisa A Helms

Contact Person and Telephone
Anthony Harwood

Registered Agent Information

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	24
Injuries and Poisonings	14
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	59
Total Admissions 2013	543
Total Discharges 2013	538
Residents on 12/31/2013	64

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	71	66	66	66	64	7	71	10
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	71	66	66	66	64	7	71	10

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12112	46.7%	289	7.9%	0	6188	4349	0	22938	88.5%	95.2%
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	12112	46.7%	289	7.9%	0	6188	4349	0	22938	88.5%	95.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	8	5	0	0	0	0	0	0	8	5	13
75 to 84	11	10	0	0	0	0	0	0	11	10	21
85+	5	19	0	0	0	0	0	0	5	19	24
TOTALS	28	36	0	0	0	0	0	0	28	36	64

HEARTLAND OF RIVERVIEW
500 CENTENNIAL DRIVE
EAST PEORIA, IL. 61611

Classification Numbers

License Number	6008056	
Health Service Area	002	
Planning Service Area	179	Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	1	0	19	9	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	35	1	0	19	9	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	289	231
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	1	0	0	0	1
Total	64	0	0	0	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	6.00
Certified Aides	25.00
Other Health Staff	14.00
Non-Health Staff	18.00
Totals	76.00

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
61.1%	0.4%	0.0%	25.5%	13.0%	100.0%		
5,440,915	34,494	0	2,267,937	1,157,132	8,900,478	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEATHER HEALTH CARE CENTER
15600 SOUTH HONORE STREET
HARVEY, IL. 60426

Reference Numbers Facility ID 6004139
Health Service Area 007 Planning Service Area 705

Administrator
Valerie Kay

Contact Person and Telephone
Chris Kuehn
773-286-3883

Date Completed
3/18/2014

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue, Suite 140
Chicago, IL 60646

Building	Reported Age
Building 1 Heather Health Care Center	54
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	122
Total Admissions 2013	196
Total Discharges 2013	200
Residents on 12/31/2013	118

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	39
Developmental Disability	0
Circulatory System	31
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	118

Total Residents Diagnosed as Mentally Ill 76

Total Residents Reported as Identified Offenders 15

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	173	135	130	135	118	55	173	173
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	173	135	130	135	118	55	173	173

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1618	2.6%	41294	65.4%	1729	15	361	0	45017	71.3%	91.4%
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	1618	2.6%	41294	65.4%	1729	15	361	0	45017	71.3%	91.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	9	0	0	0	0	0	0	12	9	21
45 to 59	23	25	0	0	0	0	0	0	23	25	48
60 to 64	11	8	0	0	0	0	0	0	11	8	19
65 to 74	10	8	0	0	0	0	0	0	10	8	18
75 to 84	3	2	0	0	0	0	0	0	3	2	5
85+	4	3	0	0	0	0	0	0	4	3	7
TOTALS	63	55	0	0	0	0	0	0	63	55	118

HEATHER HEALTH CARE CENTER
15600 SOUTH HONORE STREET
HARVEY, IL. 60426

Classification Numbers

License Number	6004139	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	67	3	45	1	0	118
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	67	3	45	1	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	78	0	0	0	78
Hawaiian/Pacific Isl.	0	0	0	0	0
White	29	0	0	0	29
Race Unknown	11	0	0	0	11
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	5	0	0	0	5
Total	118	0	0	0	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	8.65
Certified Aides	17.90
Other Health Staff	6.90
Non-Health Staff	20.15
Totals	60.60

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
15.1%	80.1%	3.5%	0.1%	1.3%	100.0%		
943,713	5,020,471	217,411	4,006	79,041	6,264,642	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEDDINGTON OAKS
2223 W. HEADING AVE.
WEST PEORIA, IL. 61604

Reference Numbers Facility ID 6000814
Health Service Area 002 Planning Service Area 143

Administrator
MATT NIEUKIRK

Contact Person and Telephone
BECKY HUBBARD
309-636-3600

Date Completed
3/18/2014

Registered Agent Information

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	5
*Nervous System Non Alzheimer	12
Alzheimer Disease	10
Mental Illness	3
Developmental Disability	0
Circulatory System	0
Respiratory System	2
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	9
Musculo-skeletal Disorders	26
Injuries and Poisonings	67
Other Medical Conditions	47
Non-Medical Conditions	0
TOTALS	188

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 2

Building	Reported Age
Building 1 HEDDINGTON OAKS	1
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	174
Total Admissions 2013	131
Total Discharges 2013	117
Residents on 12/31/2013	188

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	214	214	193	214	188	26	50	300
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	214	214	193	214	188	26	50	300

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4939	27.1%	46015	42.0%	0	0	14599	0	65553	83.9%	83.9%
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	4939	27.1%	46015	42.0%	0	0	14599	0	65553	83.9%	83.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	10	14	0	0	0	0	0	0	10	14	24
75 to 84	12	38	0	0	0	0	0	0	12	38	50
85+	15	95	0	0	0	0	0	0	15	95	110
TOTALS	40	148	0	0	0	0	0	0	40	148	188

HEDDINGTON OAKS
2223 W. HEADING AVE.
WEST PEORIA, IL. 61604

Classification Numbers

License Number	6000814	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	121	0	0	47	0	188
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	121	0	0	47	0	188

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	217
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pacific Isl.	0	0	0	0	0
White	171	0	0	0	171
Race Unknown	0	0	0	0	0
Total	188	0	0	0	188

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	186	0	0	0	186
Ethnicity Unknown	0	0	0	0	0
Total	188	0	0	0	188

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	24.00
Certified Aides	63.00
Other Health Staff	0.00
Non-Health Staff	60.00
Totals	157.00

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
19.5%	49.9%	0.0%	2.8%	27.8%	100.0%		
2,133,833	5,459,616	0	311,678	3,041,091	10,946,218	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HELIA HEALTHCARE OF BELLEVILLE
40 NORTH 64TH STREET
BELLEVILLE, IL. 62223

Reference Numbers Facility ID 6006704
Health Service Area 011 Planning Service Area 163

Administrator
Carla Riva

Contact Person and Telephone
Stephen Miller

Date Completed
3/31/2014

Registered Agent Information
Business Finings Incorporated
600 S Second St
Springfield, IL 62704

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	86
Total Admissions 2013	109
Total Discharges 2013	103
Residents on 12/31/2013	92

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	2
Circulatory System	14
Respiratory System	32
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	9
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	92

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	122	122	96	122	92	30	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	122	122	96	122	92	30	120	120

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3781	8.6%	24888	56.8%	2413	646	982	0	32710	73.5%	73.5%
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	3781	8.6%	24888	56.8%	2413	646	982	0	32710	73.5%	73.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	1	0	0	0	0	0	0	4	1	5
45 to 59	12	15	0	0	0	0	0	0	12	15	27
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	9	8	0	0	0	0	0	0	9	8	17
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	6	13	0	0	0	0	0	0	6	13	19
TOTALS	40	50	0	0	0	0	0	0	40	50	90

HELIA HEALTHCARE OF BELLEVILLE
40 NORTH 64TH STREET
BELLEVILLE, IL. 62223

Classification Numbers

License Number	6006704	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	64	9	4	2	0	92
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	64	9	4	2	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	360	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	35	0	0	0	35
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	90	0	0	0	90

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	90	0	0	0	90

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	17.00
Certified Aides	32.00
Other Health Staff	11.00
Non-Health Staff	18.00
Totals	85.00

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
27.0%	60.7%	4.1%	2.4%	5.8%	100.0%		
2,128,000	4,778,000	324,000	187,000	457,000	7,874,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HELIA HEALTHCARE OF BENTON
1310 MARK FRANKLIN DRIVE
BENTON, IL. 62812

Reference Numbers Facility ID 6016091
Health Service Area 005 Planning Service Area 055

Administrator
Michelle Hensgen

Contact Person and Telephone
Stephen Miller

Date Completed
4/2/2014

Registered Agent Information
Business Filings Incorporated
600 S Second Street
Springfield, IL 62704

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	70
Total Admissions 2013	99
Total Discharges 2013	85
Residents on 12/31/2013	84

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	1
Circulatory System	12
Respiratory System	2
Digestive System	6
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	7
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	83	83	80	83	61	22	64	65
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	83	83	80	83	61	22	64	65

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5844	25.0%	13048	55.0%	57	159	6559	0	25667	84.7%	84.7%
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	5844	25.0%	13048	55.0%	57	159	6559	0	25667	84.7%	84.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	4	27	0	0	0	0	0	0	4	27	31
TOTALS	15	48	0	0	0	0	0	0	15	48	63

HELIA HEALTHCARE OF BENTON
1310 MARK FRANKLIN DRIVE
BENTON, IL. 62812

Classification Numbers

License Number	6016091	
Health Service Area	005	
Planning Service Area	055	Franklin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	39	0	1	15	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	39	0	1	15	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	146	117
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	38.00
Other Health Staff	2.00
Non-Health Staff	21.00
Totals	74.00

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
55.6%	26.6%	0.1%	1.2%	16.5%	100.0%		
2,782,000	1,332,000	6,000	58,000	828,000	5,006,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HELIA HEALTHCARE OF CARBONDALE
500 SOUTH LEWIS LANE
CARBONDALE, IL. 62901

Reference Numbers Facility ID 6016166
Health Service Area 005 Planning Service Area 077

Administrator
Janet Squibb

Contact Person and Telephone
Stephen Miller
708-300-9001

Date Completed
4/3/2014

Registered Agent Information

Life Care Facility

Building		Reported Age
Building 1	Helia Healthcare of Carbondale	50
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	63
Total Admissions 2013	135
Total Discharges 2013	123
Residents on 12/31/2013	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	5
Mental Illness	3
Developmental Disability	0
Circulatory System	8
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	118	118	67	118	62	56	118	118
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	118	118	67	118	62	56	118	118

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3262	7.6%	14534	33.7%	810	237	2563	0	21406	49.7%	49.7%
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	3262	7.6%	14534	33.7%	810	237	2563	0	21406	49.7%	49.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	1	0	0	0	0	0	0	2	1	3
45 to 59	6	4	0	0	0	0	0	0	6	4	10
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	3	7	0	0	0	0	0	0	3	7	10
TOTALS	27	36	0	0	0	0	0	0	27	36	63

HELIA HEALTHCARE OF CARBONDALE
500 SOUTH LEWIS LANE
CARBONDALE, IL. 62901

Classification Numbers

License Number	6016166	
Health Service Area	005	
Planning Service Area	077	Jackson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	44	0	1	7	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	44	0	1	7	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	192	158
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	26.00
Other Health Staff	1.00
Non-Health Staff	19.00
Totals	60.00

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
39.8%	43.7%	2.4%	1.7%	12.5%	100.0%		
1,381,000	1,515,000	83,000	58,000	433,000	3,470,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HELIA HEALTHCARE OF CHAMPAIGN
1915 SOUTH MATTIS AVE.
CHAMPAIGN, IL. 61821

Reference Numbers Facility ID 6003800
Health Service Area 004 Planning Service Area 019

Administrator
Stephen Miller

Contact Person and Telephone
Brenda Dively
217-352-0516

Date Completed
4/3/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	78
Total Admissions 2013	80
Total Discharges 2013	82
Residents on 12/31/2013	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	12
Mental Illness	19
Developmental Disability	2
Circulatory System	16
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	76

Total Residents Diagnosed as Mentally Ill 19

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	118	112	83	112	76	42	118	118
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	118	112	83	112	76	42	118	118

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3143	7.3%	24951	57.9%	135	98	1010	0	29337	68.1%	71.8%
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	3143	7.3%	24951	57.9%	135	98	1010	0	29337	68.1%	71.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	6	3	0	0	0	0	0	0	6	3	9
65 to 74	10	8	0	0	0	0	0	0	10	8	18
75 to 84	10	12	0	0	0	0	0	0	10	12	22
85+	3	16	0	0	0	0	0	0	3	16	19
TOTALS	33	43	0	0	0	0	0	0	33	43	76

HELIA HEALTHCARE OF CHAMPAIGN
1915 SOUTH MATTIS AVE.
CHAMPAIGN, IL. 61821

Classification Numbers

License Number	6003800	
Health Service Area	004	
Planning Service Area	019	Champaign

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	67	0	1	2	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	67	0	1	2	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	39.00

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
33.6%	60.5%	1.1%	0.8%	4.1%	100.0%		
1,545,000	2,783,000	50,000	38,000	187,000	4,603,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HELIA HEALTHCARE OF ENERGY
210 EAST COLLEGE P.O. BOX 519
ENERGY, IL. 62933

Reference Numbers Facility ID 6005870
Health Service Area 005 Planning Service Area 199

Administrator
Steve Miller

Contact Person and Telephone
Judy Minor
618-942-7014

Date Completed
4/2/2014

Registered Agent Information

Life Care Facility

Building		Reported Age
Building 1	Helia Healthcare	40
Building 2	Outback	40
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	70
Total Admissions 2013	224
Total Discharges 2013	235
Residents on 12/31/2013	59

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	6
Developmental Disability	10
Circulatory System	7
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	4
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 23

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	91	107	85	107	61	30	84	91
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	91	107	85	107	61	30	84	91

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8727	28.5%	21170	63.7%	99	506	919	0	31421	94.6%	80.5%
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	8727	28.5%	21170	63.7%	99	506	919	0	31421	94.6%	80.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	5	5	0	0	0	0	0	0	5	5	10
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	9	10	0	0	0	0	0	0	9	10	19
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	25	34	0	0	0	0	0	0	25	34	59

HELIA HEALTHCARE OF ENERGY
210 EAST COLLEGE P.O. BOX 519
ENERGY, IL. 62933

Classification Numbers

License Number	6005870	
Health Service Area	005	
Planning Service Area	199	Williamson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	40	0	0	3	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	40	0	0	3	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	131	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	11.00
Certified Aides	26.00
Other Health Staff	8.00
Non-Health Staff	20.00
Totals	75.00

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
59.5%	35.4%	0.1%	3.3%	1.7%	100.0%		
4,033,000	2,400,000	9,000	225,000	116,000	6,783,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HELIA HEALTHCARE OF ENERGY - DD
210 EAST COLLEGE P.O. BOX 519
ENERGY, IL. 62933

Reference Numbers Facility ID 6016067
Health Service Area 005 Planning Service Area 199

Administrator
Steve Miller

Contact Person and Telephone
Judy Minor
618-942-7014

Date Completed
4/10/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	10
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	10

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Helia Healthcare	40
Building 2	Outback	40
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	11
Total Admissions 2013	4
Total Discharges 2013	5
Residents on 12/31/2013	10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	48	48	14	48	10	38		48
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	48	48	14	48	10	38	0	48

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4506	25.7%	0	0	0	0	4506	25.7%	25.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4506	25.7%	0	0	0	0	4506	25.7%	25.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	1	0	1
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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	4	6	0	0	4	6	10

HELIA HEALTHCARE OF ENERGY - DD
210 EAST COLLEGE P.O. BOX 519
ENERGY, IL. 62933

Classification Numbers

License Number	6016067	
Health Service Area	005	
Planning Service Area	199	Williamson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		10	0	0	0	0	10
Sheltered Care			0	0	0	0	0
TOTALS	0	10	0	0	0	0	10

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	136	130
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	10	0	10

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	10	0	10
Ethnicity Unknown	0	0	0	0	0
Total	0	0	10	0	10

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	10.00
Certified Aides	0.00
Other Health Staff	6.00
Non-Health Staff	2.00
Totals	20.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	663,000	0	0	0	663,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HELIA HEALTHCARE OF GREENVILLE
400 E. HILLVIEW AVENUE
GREENVILLE, IL. 62246

Reference Numbers Facility ID 6004493
Health Service Area 005 Planning Service Area 005

Administrator
Heather Stich

Contact Person and Telephone
Stephen Miller
312-994-2306

Date Completed
4/1/2014

Registered Agent Information
Business Filings, INC
600 S. Second Street
Springfield, IL 62704

Building		Reported Age
Building 1	Helia Healthcare of Greenville	38
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	60
Total Admissions 2013	97
Total Discharges 2013	75
Residents on 12/31/2013	82

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	5
Mental Illness	3
Developmental Disability	0
Circulatory System	20
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	9
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 32

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	90	83	90	80	10	34	90
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	90	83	90	80	10	34	90

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2219	17.9%	15926	48.5%	110	178	8041	0	26474	80.6%	80.6%
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	2219	17.9%	15926	48.5%	110	178	8041	0	26474	80.6%	80.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	14	10	0	0	0	0	0	0	14	10	24
85+	7	31	0	0	0	0	0	0	7	31	38
TOTALS	28	52	0	0	0	0	0	0	28	52	80

HELIA HEALTHCARE OF GREENVILLE
400 E. HILLVIEW AVENUE
GREENVILLE, IL. 62246

Classification Numbers

License Number	6004493	
Health Service Area	005	
Planning Service Area	005	Bond

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	49	0	0	24	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	49	0	0	24	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	9.00
Certified Aides	30.00
Other Health Staff	7.00
Non-Health Staff	10.00
Totals	63.00

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
25.3%	44.8%	0.3%	2.8%	26.8%	100.0%		
972,000	1,717,000	13,000	107,000	1,026,000	3,835,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HELIA SOUTHBELT HEALTHCARE
101 SOUTH BELT WEST
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6003255
Health Service Area 011 Planning Service Area 163

Administrator
Amy Gibbs

Contact Person and Telephone
Stephen Miller
312-994-2306

Date Completed
4/3/2014

Registered Agent Information
Business Filing Inc.
600 South 2nd Street
Springfield, IL 62704

Building		Reported Age
Building 1	Original Building	40
Building 2	Front Addition	18
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	126
Total Admissions 2013	327
Total Discharges 2013	356
Residents on 12/31/2013	97

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	7
Developmental Disability	0
Circulatory System	29
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	8
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	97

Total Residents Diagnosed as Mentally Ill 25

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	156	156	136	156	97	59	156	156
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	156	156	136	156	97	59	156	156

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9780	17.2%	22463	39.5%	2419	3193	6601	0	44456	78.1%	78.1%
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	9780	17.2%	22463	39.5%	2419	3193	6601	0	44456	78.1%	78.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	3	12	0	0	0	0	0	0	3	12	15
75 to 84	12	17	0	0	0	0	0	0	12	17	29
85+	8	38	0	0	0	0	0	0	8	38	46
TOTALS	25	72	0	0	0	0	0	0	25	72	97

HELIA SOUTHBELT HEALTHCARE
101 SOUTH BELT WEST
BELLEVILLE, IL. 62220

Classification Numbers

License Number	6003255	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	50	6	12	10	0	97
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	50	6	12	10	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	208	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	23	0	0	0	23
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	14.00
Certified Aides	44.00
Other Health Staff	0.00
Non-Health Staff	40.00
Totals	115.00

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
50.4%	22.9%	2.4%	12.0%	12.4%	100.0%		
4,537,000	2,056,000	215,000	1,076,000	1,112,000	8,996,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HENDERSON COUNTY RETIREMENT CENTER, IN
604 OAKWOOD DRIVE
STRONGHURST, IL. 61480

Reference Numbers Facility ID 6012066
Health Service Area 002 Planning Service Area 071

Administrator
Angelia D. Cozadd

Contact Person and Telephone
Dianne Kircher
309-924-1123

Date Completed
4/1/2014

Registered Agent Information

Building		Reported Age
Building 1	SNF LTC facility	26
Building 2	SLF/ALF facility	5
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	38
Total Admissions 2013	68
Total Discharges 2013	72
Residents on 12/31/2013	34

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	34

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	60	45	60	34	26	59	59
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	60	45	60	34	26	59	59

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2071	9.6%	5768	26.8%	0	0	5778	0	13617	62.2%	62.2%
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	2071	9.6%	5768	26.8%	0	0	5778	0	13617	62.2%	62.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	4	19	0	0	0	0	0	0	4	19	23
TOTALS	7	27	0	0	0	0	0	0	7	27	34

HENDERSON COUNTY RETIREMENT CENTER, IN
604 OAKWOOD DRIVE
STRONGHURST, IL. 61480

Classification Numbers

License Number	6012066	
Health Service Area	002	
Planning Service Area	071	Henderson/Warren

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	15	0	0	16	0	34
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	15	0	0	16	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	189	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	34	0	0	0	34

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	34	0	0	0	34
Ethnicity Unknown	0	0	0	0	0
Total	34	0	0	0	34

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	3.00
Certified Aides	14.00
Other Health Staff	2.00
Non-Health Staff	10.00
Totals	34.00

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
28.4%	22.0%	0.0%	0.0%	49.6%	100.0%		
840,740	650,177	0	0	1,470,077	2,960,994	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	4/23/2012	Added 1 bed to existing facility; facility now has 60 Nursing Care beds.

HERBSTRITT HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010292
Health Service Area 006 Planning Service Area 601

Administrator
Joseph Ferrara

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Date Completed
3/22/2014

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Building		Reported Age
Building 1	Herbstritt House	31
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	3
Total Discharges 2013	3
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4297	98.1%	0	0	0	0	4297	98.1%	98.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4297	98.1%	0	0	0	0	4297	98.1%	98.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	8	0	0	0	8	0	8
18 to 44	0	0	0	0	3	0	0	0	3	0	3
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	12	0	0	0	12	0	12

HERBSTRITT HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Classification Numbers

License Number	6010292	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	7.46
Other Health Staff	3.87
Non-Health Staff	0.33
Totals	12.06

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%	88.2%	0.0%	0.0%	11.8%	100.0%		
0	635,014	0	0	85,270	720,284	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE FIFTY-THREE
4601 53RD STREET
MOLINE, IL. 61265

Reference Numbers Facility ID 6004196
Health Service Area 010 Planning Service Area 161

Administrator
Susan Smith

Contact Person and Telephone
SUSAN SMITH
309-764-4974

Date Completed
3/4/2014

Registered Agent Information
Kyle R. Rick
4016 9th Street
Rock Island, IL 61201

Building		Reported Age
Building 1	Riverview	34
Building 2	Lakewood	34
Building 3	Birchview	34
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	47
Total Admissions 2013	3
Total Discharges 2013	7
Residents on 12/31/2013	43

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	43
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	43

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	48	48	47	48	43	5		48
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	48	48	47	48	43	5	0	48

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			16833	96.1%	0	0	1	0	16834	96.1%	96.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	16833	96.1%	0	0	1	0	16834	96.1%	96.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	10	10	0	0	10	10	20
45 to 59	0	0	0	0	8	7	0	0	8	7	15
60 to 64	0	0	0	0	2	2	0	0	2	2	4
65 to 74	0	0	0	0	2	1	0	0	2	1	3
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	23	20	0	0	23	20	43

HERITAGE FIFTY-THREE
4601 53RD STREET
MOLINE, IL. 61265

Classification Numbers

License Number	6004196	
Health Service Area	010	
Planning Service Area	161	Rock Island

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		42	0	0	1	0	43
Sheltered Care			0	0	0	0	0
TOTALS	0	42	0	0	1	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	191
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	1	0	1
Black	0	0	5	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	37	0	37
Race Unknown	0	0	0	0	0
Total	0	0	43	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	43	0	43
Ethnicity Unknown	0	0	0	0	0
Total	0	0	43	0	43

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	8.00
Certified Aides	0.00
Other Health Staff	50.00
Non-Health Staff	11.00
Totals	71.00

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
0.0%	5.6%	10.7%	0.0%	83.7%	100.0%		
0	25,103	48,197	0	376,556	449,856	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - BLOOMINGTON
700 EAST WALNUT
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6004261
Health Service Area 004 Planning Service Area 113

Administrator
Susan Holifield

Contact Person and Telephone
Rabecca Howard
308-828-4361

Date Completed
3/19/2014

Registered Agent Information
Patrick Cox
202 N. Center St.
Bloomington, IL 61701

Building	Reported Age
Building 1 Heritage Health-skilled nursing f	51
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	70
Total Admissions 2013	241
Total Discharges 2013	237
Residents on 12/31/2013	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	1
Circulatory System	7
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	3
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	111	111	87	111	74	37	111	59
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	111	111	87	111	74	37	111	59

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6857	16.9%	10150	47.1%	0	0	8168	0	25175	62.1%	62.1%
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	6857	16.9%	10150	47.1%	0	0	8168	0	25175	62.1%	62.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	8	18	0	0	0	0	0	0	8	18	26
85+	8	30	0	0	0	0	0	0	8	30	38
TOTALS	21	53	0	0	0	0	0	0	21	53	74

HERITAGE HEALTH - BLOOMINGTON
700 EAST WALNUT
BLOOMINGTON, IL. 61701

Classification Numbers

License Number	6004261	
Health Service Area	004	
Planning Service Area	113	McLean

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	27	0	0	22	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	27	0	0	22	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	6.00
Certified Aides	25.00
Other Health Staff	21.00
Non-Health Staff	0.00
Totals	67.00

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
47.6%	18.3%	0.0%	0.0%	34.1%	100.0%		
3,041,407	1,168,343	0	0	2,178,629	6,388,379	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - CARLINVILLE
1200 UNIVERSITY AVENUE
CARLINVILLE, IL. 62626

Reference Numbers Facility ID 6000723
Health Service Area 003 Planning Service Area 117

Administrator
Donna L. Weeks

Contact Person and Telephone
Rabecca Howard

Date Completed
3/28/2014

Registered Agent Information
Patrick R. Cox
202 N. Center
Bloomington, IL 61701

Building	Reported Age
Building 1 Facility	40
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	63
Total Admissions 2013	74
Total Discharges 2013	62
Residents on 12/31/2013	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	1
Circulatory System	8
Respiratory System	19
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	5
Other Medical Conditions	5
Non-Medical Conditions	5
TOTALS	75

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	108	86	79	86	75	33	108	108
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	108	86	79	86	75	33	108	108

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2870	7.3%	14835	37.6%	0	0	9264	0	26969	68.4%	85.9%
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	2870	7.3%	14835	37.6%	0	0	9264	0	26969	68.4%	85.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	5	0	0	0	0	0	0	0	5	5
75 to 84	2	15	0	0	0	0	0	0	2	15	17
85+	6	44	0	0	0	0	0	0	6	44	50
TOTALS	10	65	0	0	0	0	0	0	10	65	75

HERITAGE HEALTH - CARLINVILLE
1200 UNIVERSITY AVENUE
CARLINVILLE, IL. 62626

Classification Numbers

License Number	6000723	
Health Service Area	003	
Planning Service Area	117	Macoupin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	33	0	0	32	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	33	0	0	32	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	159	129
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	6.00
Certified Aides	37.00
Other Health Staff	5.00
Non-Health Staff	27.00
Totals	83.00

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
30.5%	34.2%	0.0%	0.0%	35.3%	100.0%		
1,405,872	1,574,612	0	0	1,623,644	4,604,128	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - DWIGHT
300 EAST MAZON AVENUE
DWIGHT, IL. 60420

Reference Numbers Facility ID 6002083
Health Service Area 004 Planning Service Area 105

Administrator
Rita Quigley

Contact Person and Telephone
Rabecca Howard
309-823-7139

Date Completed
3/28/2014

Registered Agent Information
Patrick R Cox
202 N Center
Bloomington, IL 61701

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	81
Total Admissions 2013	117
Total Discharges 2013	121
Residents on 12/31/2013	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	6
Mental Illness	6
Developmental Disability	0
Circulatory System	24
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 62

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	92	92	86	92	77	15	19	92
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	92	92	86	92	77	15	19	92

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4745	68.4%	15404	45.9%	0	0	8671	0	28820	85.8%	85.8%
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	4745	68.4%	15404	45.9%	0	0	8671	0	28820	85.8%	85.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	11	41	0	0	0	0	0	0	11	41	52
TOTALS	18	59	0	0	0	0	0	0	18	59	77

HERITAGE HEALTH - DWIGHT
300 EAST MAZON AVENUE
DWIGHT, IL. 60420

Classification Numbers

License Number	6002083	
Health Service Area	004	
Planning Service Area	105	Livingston

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	38	0	0	24	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	38	0	0	24	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	172
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	2.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	39.00
Totals	97.00

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
34.7%	31.2%	0.0%	0.0%	34.1%	100.0%		
2,046,579	1,841,110	0	0	2,013,535	5,901,224	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - ELGIN
355 RAYMOND STREET
ELGIN, IL. 60120

Reference Numbers Facility ID 6006902
Health Service Area 008 Planning Service Area 089

Administrator
Linda S. Hartmann

Contact Person and Telephone
Rabecca Howard
309-828-4361

Date Completed
4/1/2014

Registered Agent Information

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	46
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	01-Main Building 01	45
Building 2	02- Building 02	25
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	78
Total Admissions 2013	56
Total Discharges 2013	60
Residents on 12/31/2013	74

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	94	94	86	94	74	20	94	94
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	94	94	86	94	74	20	94	94

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3802	11.1%	22930	66.8%	0	0	1396	0	28128	82.0%	82.0%
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	3802	11.1%	22930	66.8%	0	0	1396	0	28128	82.0%	82.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	5	19	0	0	0	0	0	0	5	19	24
85+	7	42	0	0	0	0	0	0	7	42	49
TOTALS	13	61	0	0	0	0	0	0	13	61	74

HERITAGE HEALTH - ELGIN
355 RAYMOND STREET
ELGIN, IL. 60120

Classification Numbers

License Number	6006902	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	45	0	0	23	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	45	0	0	23	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	248	203
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	3.00
Certified Aides	33.00
Other Health Staff	11.00
Non-Health Staff	19.00
Totals	80.00

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
38.6%	50.9%	0.0%	0.0%	10.5%	100.0%		
2,341,231	3,081,639	0	0	635,038	6,057,908	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - GIBSON CITY
620 EAST FIRST STREET
GIBSON CITY, IL. 60936

Reference Numbers Facility ID 6003560
Health Service Area 004 Planning Service Area 053

Administrator
Jason Grill

Contact Person and Telephone
Rabecca Howard
309-823-7139

Date Completed
3/26/2014

Registered Agent Information
Patrick Cox
202 North Center
Bloomington, IL 61701

Building	Reported Age
Building 1 Facility	60
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	59
Total Admissions 2013	36
Total Discharges 2013	39
Residents on 12/31/2013	56

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	6
Mental Illness	4
Developmental Disability	0
Circulatory System	17
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	56

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	75	65	63	65	56	19	75	75
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	75	65	63	65	56	19	75	75

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1734	6.3%	13903	50.8%	0	0	5649	0	21286	77.8%	89.7%
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	1734	6.3%	13903	50.8%	0	0	5649	0	21286	77.8%	89.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	5	0	0	0	0	0	0	0	5	5
75 to 84	2	10	0	0	0	0	0	0	2	10	12
85+	7	32	0	0	0	0	0	0	7	32	39
TOTALS	9	47	0	0	0	0	0	0	9	47	56

HERITAGE HEALTH - GIBSON CITY
620 EAST FIRST STREET
GIBSON CITY, IL. 60936

Classification Numbers

License Number	6003560	
Health Service Area	004	
Planning Service Area	053	Ford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	33	0	0	17	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	33	0	0	17	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	158
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	56.00

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
26.4%	39.7%	0.0%	0.0%	33.9%	100.0%		
942,780	1,416,077	0	0	1,207,985	3,566,842	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - GILLESPIE
7588 STAUNTON ROAD
GILLESPIE, IL. 62033

Reference Numbers Facility ID 6000681
Health Service Area 003 Planning Service Area 117

Administrator
Jean Strausbaugh

Contact Person and Telephone
Rabecca Howard
800-397-1313

Date Completed
3/26/2014

Registered Agent Information
Patrick Cox

Building		Reported Age
Building 1	102	47
Building 2	202	20
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	84
Total Admissions 2013	81
Total Discharges 2013	85
Residents on 12/31/2013	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	5
Blood Disorders	6
*Nervous System Non Alzheimer	5
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	9
Digestive System	6
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	118	118	91	118	80	38	118	118
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	118	118	91	118	80	38	118	118

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2922	6.8%	17901	41.6%	0	0	8969	0	29792	69.2%	69.2%
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	2922	6.8%	17901	41.6%	0	0	8969	0	29792	69.2%	69.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	8	52	0	0	0	0	0	0	8	52	60
TOTALS	16	64	0	0	0	0	0	0	16	64	80

HERITAGE HEALTH - GILLESPIE
7588 STAUNTON ROAD
GILLESPIE, IL. 62033

Classification Numbers

License Number	6000681	
Health Service Area	003	
Planning Service Area	117	Macoupin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	41	0	0	29	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	41	0	0	29	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	189	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	11.00
Certified Aides	36.00
Other Health Staff	31.00
Non-Health Staff	0.00
Totals	85.00

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
27.2%	38.6%	0.0%	0.0%	34.2%	100.0%		
1,481,889	2,102,613	0	0	1,861,891	5,446,393	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - HOOPESTON
423 N Dixie Highway
HOOPESTON, IL. 60942

Reference Numbers Facility ID 6004592
Health Service Area 004 Planning Service Area 183

Administrator
Beth Totheroh

Contact Person and Telephone
Rabecca Howard
309-828-4361

Date Completed
3/21/2014

Registered Agent Information
Heritage Enterprises
115 W Jefferson Street, Suite 401
Bloomington, IL 61701

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	12
Mental Illness	1
Developmental Disability	0
Circulatory System	22
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Heritage Health Hoopeston	2
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	73
Total Admissions 2013	66
Total Discharges 2013	66
Residents on 12/31/2013	73

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	75	75	75	75	73	2	75	67
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	75	75	75	75	73	2	75	67

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1550	5.7%	17465	71.4%	0	0	7730	0	26745	97.7%	97.7%
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	1550	5.7%	17465	71.4%	0	0	7730	0	26745	97.7%	97.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	11	43	0	0	0	0	0	0	11	43	54
TOTALS	16	57	0	0	0	0	0	0	16	57	73

HERITAGE HEALTH - HOOPESTON
423 N Dixie Highway
HOOPESTON, IL. 60942

Classification Numbers

License Number	6004592	
Health Service Area	004	
Planning Service Area	183	Vermilion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	44	0	0	27	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	44	0	0	27	0	73

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	5.00
Certified Aides	31.70
Other Health Staff	3.70
Non-Health Staff	18.40
Totals	67.80

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
18.8%	45.2%	0.0%	0.0%	36.0%	100.0%		
756,513	1,822,771	0	0	1,453,303	4,032,587	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	11/1/2012	Formerly 'Hoopeston Community Memorial Nursing Home'.
CHOW	11/1/2012	Change of Ownership occurred.

HERITAGE HEALTH - JACKSONVILLE
873 GROVE STREET
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6000756
Health Service Area 003 Planning Service Area 137

Administrator
Michael Schneider

Contact Person and Telephone
Rabecca Howard
309-828-4361

Date Completed
4/1/2014

Registered Agent Information
Patrick R. Cox
202 N. Center
Bloomington, IL 61701

Building		Reported Age
Building 1	Hockenhull	49
Building 2	Younkin	45
Building 3	Hutton House	40
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	157
Total Admissions 2013	204
Total Discharges 2013	197
Residents on 12/31/2013	164

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	55
Mental Illness	5
Developmental Disability	0
Circulatory System	35
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	55
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	164

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	185	178	165	178	157	28	185	185
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	24	18	24	7	-7		
TOTAL BEDS	185	202	183	202	164	21	185	185

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6880	10.2%	24657	36.5%	0	0	24655	0	56192	83.2%	86.5%
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	2789	0	2789	0.0%	31.8%
TOTALS	6880	10.2%	24657	36.5%	0	0	27444	0	58981	87.3%	80.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	9	0	0	0	0	0	1	3	10	13
75 to 84	8	32	0	0	0	0	0	4	8	36	44
85+	15	87	0	0	0	0	0	2	15	89	104
TOTALS	27	130	0	0	0	0	0	7	27	137	164

HERITAGE HEALTH - JACKSONVILLE
873 GROVE STREET
JACKSONVILLE, IL. 62650

Classification Numbers

License Number	6000756	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	64	0	0	75	0	157
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	7	0	7
TOTALS	18	64	0	0	82	0	164

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	172	162
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	110	90

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	156	0	0	7	163
Race Unknown	0	0	0	0	0
Total	157	0	0	7	164

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	157	0	0	7	164
Ethnicity Unknown	0	0	0	0	0
Total	157	0	0	7	164

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.60
LPN's	21.70
Certified Aides	68.60
Other Health Staff	6.00
Non-Health Staff	49.20
Totals	159.10

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
30.1%	23.4%	0.0%	0.0%	46.5%	100.0%		
3,430,206	2,661,029	0	0	5,298,299	11,389,534	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - LASALLE
1445 CHARTRES STREET
LASALLE, IL. 61301

Reference Numbers Facility ID 6001440
Health Service Area 002 Planning Service Area 099

Administrator
Lori A. Walsh

Contact Person and Telephone
Rabecca Howard
309-823-1739

Date Completed
3/21/2014

Registered Agent Information
Patrick R. Cox
202 N. Center
Bloomington, IL 61701

Building		Reported Age
Building 1	Heritage Health - LaSalle - LTC	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	86
Total Admissions 2013	57
Total Discharges 2013	58
Residents on 12/31/2013	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	8
Mental Illness	34
Developmental Disability	0
Circulatory System	19
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 52

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	101	98	89	98	85	16	50	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	98	89	98	85	16	50	101

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1999	11.0%	23955	65.0%	0	0	4137	0	30091	81.6%	84.1%
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	1999	11.0%	23955	65.0%	0	0	4137	0	30091	81.6%	84.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	4	14	0	0	0	0	0	0	4	14	18
85+	11	53	0	0	0	0	0	0	11	53	64
TOTALS	15	70	0	0	0	0	0	0	15	70	85

HERITAGE HEALTH - LASALLE
1445 CHARTRES STREET
LASALLE, IL. 61301

Classification Numbers

License Number	6001440	
Health Service Area	002	
Planning Service Area	099	LaSalle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	65	0	0	17	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	65	0	0	17	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	232	213
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	11.00
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	33.00
Totals	104.00

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
21.5%	54.1%	0.0%	0.0%	24.4%	100.0%		
926,480	2,335,729	0	0	1,055,420	4,317,629	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - LITCHFIELD
628 SOUTH ILLINOIS AVENUE
LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6000699
Health Service Area 003 Planning Service Area 135

Administrator
Margery A Oblinger

Contact Person and Telephone
Rabecca Howard

Date Completed
3/20/2014

Registered Agent Information
Benjamin Hart
115 West Jefferson Street Suite 401
Bloomington, IL 61702

Building			Reported Age
Building 1	628 South Illinois	Litchfield IL	52
Building 2			0
Building 3			0
Building 4			0
Building 5			0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	78
Total Admissions 2013	106
Total Discharges 2013	114
Residents on 12/31/2013	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	3
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	11
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	70

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	102	90	79	89	70	32	102	102
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	102	90	79	89	70	32	102	102

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3836	10.3%	15156	40.7%	0	0	7218	0	26210	70.4%	79.8%
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	3836	10.3%	15156	40.7%	0	0	7218	0	26210	70.4%	79.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	3	44	0	0	0	0	0	0	3	44	47
TOTALS	10	60	0	0	0	0	0	0	10	60	70

HERITAGE HEALTH - LITCHFIELD
628 SOUTH ILLINOIS AVENUE
LITCHFIELD, IL. 62056

Classification Numbers

License Number	6000699	
Health Service Area	003	
Planning Service Area	135	Montgomery

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	33	0	0	22	0	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	33	0	0	22	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	156
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	35.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	77.00

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
39.9%	30.4%	0.0%	0.0%	29.7%	100.0%		
1,990,166	1,514,587	0	0	1,484,064	4,988,817	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - MOUNT ZION
1225 WOODLAND DRIVE
MOUNT ZION, IL. 62549

Reference Numbers Facility ID 6010128
Health Service Area 004 Planning Service Area 115

Administrator
Stephenie Taylor

Contact Person and Telephone
Rabecca Howard
309-828-4361

Date Completed
3/26/2014

Registered Agent Information
Patrick Cox

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	73
Total Admissions 2013	79
Total Discharges 2013	83
Residents on 12/31/2013	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	3
*Nervous System Non Alzheimer	6
Alzheimer Disease	6
Mental Illness	5
Developmental Disability	0
Circulatory System	15
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	2
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	75	73	73	71	69	6	75	75
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	75	73	73	71	69	6	75	75

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3899	14.2%	16898	61.7%	0	0	4110	0	24907	91.0%	93.5%
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	3899	14.2%	16898	61.7%	0	0	4110	0	24907	91.0%	93.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	7	22	0	0	0	0	0	0	7	22	29
85+	4	31	0	0	0	0	0	0	4	31	35
TOTALS	12	57	0	0	0	0	0	0	12	57	69

HERITAGE HEALTH - MOUNT ZION
1225 WOODLAND DRIVE
MOUNT ZION, IL. 62549

Classification Numbers

License Number	6010128	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	40	0	0	16	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	40	0	0	16	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	196	173
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	67	0	0	0	67
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	7.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	32.00
Totals	76.00

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
37.3%	42.8%	0.0%	0.0%	19.9%	100.0%		
1,815,556	2,087,959	0	0	970,441	4,873,956	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - NORMAL
509 NORTH ADELAIDE
NORMAL, IL. 61761

Reference Numbers Facility ID 6008510
Health Service Area 004 Planning Service Area 113

Administrator
Cindy Wegner

Contact Person and Telephone
Rabecca Howard

Date Completed
4/2/2014

Registered Agent Information
Patrick R. Cox
202 Center St.
Bloomington, IL 61701

Continuing Care Retirement Community

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	120
Total Admissions 2013	155
Total Discharges 2013	154
Residents on 12/31/2013	121

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	18
Mental Illness	38
Developmental Disability	0
Circulatory System	16
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	28
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	121

Total Residents Diagnosed as Mentally Ill 38

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	164	164	130	164	121	43	141	91
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	164	164	130	164	121	43	141	91

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3737	7.3%	20581	62.0%	0	0	18516	0	42834	71.6%	71.6%
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	3737	7.3%	20581	62.0%	0	0	18516	0	42834	71.6%	71.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	5	9	0	0	0	0	0	0	5	9	14
85+	14	84	0	0	0	0	0	0	14	84	98
TOTALS	22	99	0	0	0	0	0	0	22	99	121

HERITAGE HEALTH - NORMAL
509 NORTH ADELAIDE
NORMAL, IL. 61761

Classification Numbers

License Number	6008510	
Health Service Area	004	
Planning Service Area	113	McLean

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	50	0	0	54	0	121
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	50	0	0	54	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	0	0	0	0	0
Total	121	0	0	0	121

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	10.00
Certified Aides	52.00
Other Health Staff	5.00
Non-Health Staff	47.00
Totals	127.00

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
21.2%	26.6%	0.0%	0.0%	52.2%	100.0%		
1,822,889	2,292,073	0	0	4,493,491	8,608,453	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - PANA
1000 EAST SIXTH STREET ROAD
PANA, IL. 62557

Reference Numbers Facility ID 6000707
Health Service Area 003 Planning Service Area 021

Administrator
Nancy L. Pryor

Contact Person and Telephone
Rabecca Howard
309-828-4361

Date Completed
3/31/2014

Registered Agent Information
Steve Wannemacher
115 W. Jefferson Street Suite 401
Bloomington, IL 61702

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	114
Total Admissions 2013	126
Total Discharges 2013	136
Residents on 12/31/2013	104

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	2
Circulatory System	26
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	9
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	30
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	104

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	151	128	114	126	104	47	151	151
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	151	128	114	126	104	47	151	151

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5557	10.1%	22783	41.3%	0	0	8842	0	37182	67.5%	79.6%
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	5557	10.1%	22783	41.3%	0	0	8842	0	37182	67.5%	79.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	8	22	0	0	0	0	0	0	8	22	30
85+	10	52	0	0	0	0	0	0	10	52	62
TOTALS	23	81	0	0	0	0	0	0	23	81	104

HERITAGE HEALTH - PANA
1000 EAST SIXTH STREET ROAD
PANA, IL. 62557

Classification Numbers

License Number	6000707	
Health Service Area	003	
Planning Service Area	021	Christian

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	51	0	2	34	0	104
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	51	0	2	34	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	177	148
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	104	0	0	0	104
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	0	104

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	10.00
Certified Aides	48.00
Other Health Staff	4.00
Non-Health Staff	27.00
Totals	97.00

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
38.3%	33.4%	0.0%	0.0%	28.3%	100.0%		
2,794,266	2,437,634	0	0	2,065,483	7,297,383	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - SPRINGFIELD
900 NORTH RUTLEDGE
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6004279
Health Service Area 003 Planning Service Area 167

Administrator
Kiel Peregrin

Contact Person and Telephone
Kiel Peregrin
217-789-0930

Date Completed
3/23/2014

Registered Agent Information
Steve Wannemacher
115 W Jefferson St Ste 401
Bloomington, IL 61701

Building		Reported Age
Building 1	Heritage Health - Springfield	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	157
Total Admissions 2013	431
Total Discharges 2013	420
Residents on 12/31/2013	168

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	13
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	23
Mental Illness	4
Developmental Disability	1
Circulatory System	40
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	1
Other Medical Conditions	46
Non-Medical Conditions	0
TOTALS	168

Total Residents Diagnosed as Mentally Ill 45

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	178	176	168	176	168	10	177	177
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	178	176	168	176	168	10	177	177

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10196	15.8%	33669	52.1%	0	0	12062	0	55927	86.1%	87.1%
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	10196	15.8%	33669	52.1%	0	0	12062	0	55927	86.1%	87.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	13	42	0	0	0	0	0	0	13	42	55
85+	21	74	0	0	0	0	0	0	21	74	95
TOTALS	39	129	0	0	0	0	0	0	39	129	168

HERITAGE HEALTH - SPRINGFIELD
900 NORTH RUTLEDGE
SPRINGFIELD, IL. 62702

Classification Numbers

License Number	6004279	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	79	0	0	55	0	168
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	34	79	0	0	55	0	168

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	214	203
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	151	0	0	0	151
Race Unknown	0	0	0	0	0
Total	168	0	0	0	168

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	168	0	0	0	168
Ethnicity Unknown	0	0	0	0	0
Total	168	0	0	0	168

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	24.00
Certified Aides	70.00
Other Health Staff	18.00
Non-Health Staff	50.00
Totals	179.10

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
39.5%	32.3%	0.0%	0.0%	28.2%	100.0%		
4,709,301	3,843,076	0	0	3,357,430	11,909,807	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - STAUNTON
215 WEST PENNSYLVANIA STREET
STAUNTON, IL. 62088

Reference Numbers Facility ID 6000715
Health Service Area 003 Planning Service Area 117

Administrator
Karla Lounsbury

Contact Person and Telephone
Karla Lounsbury
618-635-5577

Date Completed
3/20/2014

Registered Agent Information

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	18
Mental Illness	6
Developmental Disability	0
Circulatory System	15
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	66

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Heritage Health - Staunton	49
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	75
Total Admissions 2013	78
Total Discharges 2013	87
Residents on 12/31/2013	66

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	90	70	90	66	33	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	90	70	90	66	33	99	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2944	8.1%	14082	39.0%	0	0	8228	0	25254	69.9%	76.9%
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	2944	8.1%	14082	39.0%	0	0	8228	0	25254	69.9%	76.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	4	14	0	0	0	0	0	0	4	14	18
85+	7	36	0	0	0	0	0	0	7	36	43
TOTALS	12	54	0	0	0	0	0	0	12	54	66

HERITAGE HEALTH - STAUNTON
215 WEST PENNSYLVANIA STREET
STAUNTON, IL. 62088

Classification Numbers

License Number	6000715	
Health Service Area	003	
Planning Service Area	117	Macoupin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	33	0	0	27	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	33	0	0	27	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	149
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	0	66

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	21.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	56.00

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
32.5%	34.2%	0.0%	0.0%	33.4%	100.0%		
1,517,825	1,596,363	0	0	1,558,801	4,672,989	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH ROBINSON
600 EAST ROBINWOOD DRIVE
ROBINSON, IL. 62454

Reference Numbers Facility ID 6002125
Health Service Area 005 Planning Service Area 033

Administrator
Roxann D. Summers

Contact Person and Telephone
Rabecca Howard

Registered Agent Information

Date Completed
3/20/2014

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	44
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	64
Total Admissions 2013	87
Total Discharges 2013	96
Residents on 12/31/2013	55

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	73	73	68	73	55	18	73	73
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	73	73	68	73	55	18	73	73

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2522	9.5%	13678	51.3%	0	0	4764	0	20964	78.7%	78.7%
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	2522	9.5%	13678	51.3%	0	0	4764	0	20964	78.7%	78.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	2	13	0	0	0	0	0	0	2	13	15
85+	3	34	0	0	0	0	0	0	3	34	37
TOTALS	6	49	0	0	0	0	0	0	6	49	55

HERITAGE HEALTH ROBINSON
600 EAST ROBINWOOD DRIVE
ROBINSON, IL. 62454

Classification Numbers

License Number	6002125	
Health Service Area	005	
Planning Service Area	033	Crawford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	35	0	0	13	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	35	0	0	13	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	5.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	70.00

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
35.7%	38.1%	0.0%	0.0%	26.3%	100.0%		
1,344,205	1,434,120	0	0	990,437	3,768,762	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE MANOR - BEARDSTOWN SOUTH
8306 ST. LUKES DRIVE
BEARDSTOWN, IL. 62618

Reference Numbers Facility ID 6000780
Health Service Area 003 Planning Service Area 017

Administrator
Dennis I. Toohill

Contact Person and Telephone
Rabecca Howard
800-397-1313

Date Completed
3/25/2014

Registered Agent Information
Patrick R Cox
202 N. Center Street
Bloomington, IL 61701

Building	Reported Age
Building 1 Long Term Care	37
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	72
Total Admissions 2013	71
Total Discharges 2013	75
Residents on 12/31/2013	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	68

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	79	79	77	79	68	11	79	79
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	79	79	77	79	68	11	79	79

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2199	7.6%	15184	52.7%	0	0	8686	0	26069	90.4%	90.4%
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	2199	7.6%	15184	52.7%	0	0	8686	0	26069	90.4%	90.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	5	40	0	0	0	0	0	0	5	40	45
TOTALS	13	55	0	0	0	0	0	0	13	55	68

HERITAGE MANOR - BEARDSTOWN SOUTH
8306 ST. LUKES DRIVE
BEARDSTOWN, IL. 62618

Classification Numbers

License Number	6000780	
Health Service Area	003	
Planning Service Area	017	Cass

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	33	0	0	29	0	68
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	33	0	0	29	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	159
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	11.00
Certified Aides	29.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	73.00

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
21.4%	33.9%	0.0%	0.0%	44.7%	100.0%		
1,128,723	1,786,667	0	0	2,355,539	5,270,929	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE MANOR - CHILLICOTHE
1028 HILLCREST DRIVE
CHILLICOTHE, IL. 61523

Reference Numbers Facility ID 6007199
Health Service Area 002 Planning Service Area 143

Administrator
Brandy Cooper

Contact Person and Telephone
Rabecca Howard
309-828-4361

Date Completed
3/19/2014

Registered Agent Information
Patrick R. Cox
202 N. Center St.
Bloomington, IL 61701

Building	Reported Age
Building 1 1	50
Building 2 2	30
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	90
Total Admissions 2013	126
Total Discharges 2013	124
Residents on 12/31/2013	92

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	10
Mental Illness	34
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	90

Total Residents Diagnosed as Mentally Ill 34

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	110	110	95	110	90	20	110	110
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	110	110	95	110	90	20	110	110

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4898	12.2%	21109	52.6%	0	0	7234	0	33241	82.8%	82.8%
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	4898	12.2%	21109	52.6%	0	0	7234	0	33241	82.8%	82.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	7	1	0	0	0	0	0	0	7	1	8
75 to 84	6	18	0	0	0	0	0	0	6	18	24
85+	4	51	0	0	0	0	0	0	4	51	55
TOTALS	17	73	0	0	0	0	0	0	17	73	90

HERITAGE MANOR - CHILLICOTHE
1028 HILLCREST DRIVE
CHILLICOTHE, IL. 61523

Classification Numbers

License Number	6007199	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	52	0	0	31	0	90
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	52	0	0	31	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	216	177
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	90	0	0	0	90

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
Total	90	0	0	0	90

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	16.00
Certified Aides	41.00
Other Health Staff	0.00
Non-Health Staff	44.00
Totals	114.00

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
7.7%	86.4%	0.0%	0.0%	6.0%	100.0%		
2,168,563	24,454,443	0	0	1,688,958	28,311,964	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE MANOR - EL PASO
555 EAST CLAY
EL PASO, IL. 61738

Reference Numbers Facility ID 6005920
Health Service Area 002 Planning Service Area 203

Administrator
Jerry Bock

Contact Person and Telephone
Rabecca Howard
800-397-1313

Date Completed
3/24/2014

Registered Agent Information
Patrick Cox
115 W. Jefferson St. Suite 401
Bloomington, IL 61701

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	55
Total Admissions 2013	49
Total Discharges 2013	52
Residents on 12/31/2013	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	65	65	62	62	52	13	65	65
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	65	65	62	62	52	13	65	65

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1660	7.0%	8269	34.9%	0	0	8207	0	18136	76.4%	76.4%
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	1660	7.0%	8269	34.9%	0	0	8207	0	18136	76.4%	76.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	2	11	0	0	0	0	0	0	2	11	13
85+	5	28	0	0	0	0	0	0	5	28	33
TOTALS	10	42	0	0	0	0	0	0	10	42	52

HERITAGE MANOR - EL PASO
555 EAST CLAY
EL PASO, IL. 61738

Classification Numbers

License Number	6005920	
Health Service Area	002	
Planning Service Area	203	Woodford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	21	0	0	27	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	21	0	0	27	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	204	187
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	3.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	43.00

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
24.0%	26.9%	0.0%	0.0%	49.1%	100.0%		
896,201	1,002,639	0	0	1,832,188	3,731,028	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE MANOR - MENDOTA
1201 FIRST AVENUE
MENDOTA, IL. 61342

Reference Numbers Facility ID 6004253
Health Service Area 002 Planning Service Area 099

Administrator
Caroline Daugherity

Contact Person and Telephone
Rabecca Howard
309-828-4361

Date Completed
3/26/2014

Registered Agent Information
Patrick Cox
202 North Center Street
Bloomington, IL 61701

Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	72
Total Admissions 2013	86
Total Discharges 2013	88
Residents on 12/31/2013	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	5
Mental Illness	10
Developmental Disability	1
Circulatory System	21
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	3
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	70

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	75	99	70	29	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	75	99	70	29	99	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3157	8.7%	13651	37.8%	0	0	8355	0	25163	69.6%	69.6%
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	3157	8.7%	13651	37.8%	0	0	8355	0	25163	69.6%	69.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	5	15	0	0	0	0	0	0	5	15	20
85+	6	36	0	0	0	0	0	0	6	36	42
TOTALS	14	56	0	0	0	0	0	0	14	56	70

HERITAGE MANOR - MENDOTA
1201 FIRST AVENUE
MENDOTA, IL. 61342

Classification Numbers

License Number	6004253	
Health Service Area	002	
Planning Service Area	099	LaSalle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	36	0	0	31	0	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	36	0	0	31	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	183	162
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	11.00
Certified Aides	48.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	96.00

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
31.9%	29.1%	0.0%	0.0%	39.1%	100.0%		
1,554,576	1,419,514	0	0	1,906,308	4,880,398	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE MANOR - MINONK
201 LOCUST
MINONK, IL. 61760

Reference Numbers Facility ID 6005367
Health Service Area 002 Planning Service Area 203

Administrator
Kim Seaman

Contact Person and Telephone
Rabecca Howard

Registered Agent Information **Date Completed** 3/26/2014

Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	49
Total Admissions 2013	55
Total Discharges 2013	52
Residents on 12/31/2013	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	49	49	49	41	8	49	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	23	23	23	23	11	12		
TOTAL BEDS	72	72	72	72	52	20	49	49

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2335	13.1%	6206	34.7%	0	0	5125	0	13666	76.4%	76.4%
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	3473	0	3473	41.4%	41.4%
TOTALS	2335	13.1%	6206	34.7%	0	0	8598	0	17139	65.2%	65.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	1	0	0	0	0	2	2	3	3	6
85+	5	34	0	0	0	0	0	7	5	41	46
TOTALS	6	35	0	0	0	0	2	9	8	44	52

HERITAGE MANOR - MINONK
201 LOCUST
MINONK, IL. 61760

Classification Numbers

License Number	6005367	
Health Service Area	002	
Planning Service Area	203	Woodford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	10	0	0	22	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	11	0	11
TOTALS	9	10	0	0	33	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	177
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	120	115

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	11	52
Race Unknown	0	0	0	0	0
Total	41	0	0	11	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	41	0	0	11	52
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	11	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	4.00
Certified Aides	27.00
Other Health Staff	32.00
Non-Health Staff	0.00
Totals	72.00

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
33.3%	19.7%	0.0%	0.0%	47.0%	100.0%		
1,147,265	678,787	0	0	1,620,441	3,446,493	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE MANOR - MT. STERLING
435 CAMDEN ROAD
MOUNT STERLING, IL. 62353

Reference Numbers Facility ID 6004287
Health Service Area 003 Planning Service Area 009

Administrator
Shirley Cathleen Koch

Contact Person and Telephone
Rabecca Howard
309-828-4361

Date Completed
3/31/2014

Registered Agent Information
Patrick R. Cox
202 N, Center
Bloomington, IL 61701

Life Care Facility

Building		Reported Age
Building 1	01-Main building	46
Building 2	02-Building 02	40
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	64
Total Admissions 2013	79
Total Discharges 2013	77
Residents on 12/31/2013	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	22
TOTALS	66

Total Residents Diagnosed as Mentally Ill 38

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	87	74	74	74	66	21	87	87
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	87	74	74	74	66	21	87	87

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1870	5.9%	14224	44.8%	0	0	7374	0	23468	73.9%	86.9%
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	1870	5.9%	14224	44.8%	0	0	7374	0	23468	73.9%	86.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	5	14	0	0	0	0	0	0	5	14	19
85+	3	36	0	0	0	0	0	0	3	36	39
TOTALS	12	54	0	0	0	0	0	0	12	54	66

HERITAGE MANOR - MT. STERLING
435 CAMDEN ROAD
MOUNT STERLING, IL. 62353

Classification Numbers

License Number	6004287	
Health Service Area	003	
Planning Service Area	009	Brown/Schuyler

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	31	0	0	27	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	31	0	0	27	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	0	66

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	22.00
Other Health Staff	2.00
Non-Health Staff	18.00
Totals	54.00

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
25.9%	37.2%	0.0%	0.0%	36.8%	100.0%		
1,003,248	1,439,896	0	0	1,424,350	3,867,494	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE MANOR - PERU
1301 21ST STREET
PERU, IL. 61354

Reference Numbers Facility ID 6004303
Health Service Area 002 Planning Service Area 099

Administrator
Susan Morris

Contact Person and Telephone
Rabecca Howard
309-828-4361

Date Completed
3/24/2014

Registered Agent Information
Patrick R. Cox
202 N Center St
Bloomington, IL 61701

Building	Reported Age
Building 1 Main Building	49
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	82
Total Admissions 2013	136
Total Discharges 2013	146
Residents on 12/31/2013	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	20
Developmental Disability	0
Circulatory System	4
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 20

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	129	101	85	101	72	57	129	129
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	129	101	85	101	72	57	129	129

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4948	10.5%	17426	37.0%	0	0	6405	0	28779	61.1%	78.1%
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	4948	10.5%	17426	37.0%	0	0	6405	0	28779	61.1%	78.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	3	15	0	0	0	0	0	0	3	15	18
85+	3	44	0	0	0	0	0	0	3	44	47
TOTALS	8	64	0	0	0	0	0	0	8	64	72

HERITAGE MANOR - PERU
1301 21ST STREET
PERU, IL. 61354

Classification Numbers

License Number	6004303	
Health Service Area	002	
Planning Service Area	099	LaSalle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	47	0	0	13	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	47	0	0	13	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	219	173
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	7.00
Certified Aides	52.00
Other Health Staff	0.00
Non-Health Staff	32.00
Totals	108.00

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
38.9%	34.9%	0.0%	0.0%	26.2%	100.0%		
2,271,462	2,039,021	0	0	1,532,078	5,842,561	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE MANOR - STREATOR
1525 EAST MAIN STREET
STREATOR, IL. 61364

Reference Numbers Facility ID 6004311
Health Service Area 002 Planning Service Area 099

Administrator
Janette Strabala

Contact Person and Telephone
Rabecca Howard

Registered Agent Information **Date Completed** 4/1/2014

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	125
Total Admissions 2013	190
Total Discharges 2013	200
Residents on 12/31/2013	115

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	20
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	130	130	130	130	115	15	130	110
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	130	130	130	130	115	15	130	110

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7567	15.9%	21778	54.2%	0	0	14141	0	43486	91.6%	91.6%
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	7567	15.9%	21778	54.2%	0	0	14141	0	43486	91.6%	91.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	11	17	0	0	0	0	0	0	11	17	28
85+	17	55	0	0	0	0	0	0	17	55	72
TOTALS	33	82	0	0	0	0	0	0	33	82	115

HERITAGE MANOR - STREATOR
1525 EAST MAIN STREET
STREATOR, IL. 61364

Classification Numbers

License Number	6004311	
Health Service Area	002	
Planning Service Area	099	LaSalle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	51	0	0	48	0	115
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	51	0	0	48	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	224	179
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	115	0	0	0	115
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	8.00
Certified Aides	36.00
Other Health Staff	0.00
Non-Health Staff	29.00
Totals	88.00

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
34.9%	29.8%	0.0%	0.0%	35.3%	100.0%		
3,057,267	2,606,725	0	0	3,089,463	8,753,455	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE SQUARE
620 NORTH OTTAWA AVENUE
DIXON, IL. 61021

Reference Numbers Facility ID 6004337
Health Service Area 001 Planning Service Area 103

Administrator
Bonnie O'Connell

Contact Person and Telephone
Deloris Van Buskirk
815-288-2251

Date Completed
4/3/2014

Registered Agent Information
William Reigle
412 Fieldstone Lane
Dixon, IL 61021

Continuing Care Retirement Community

Building		Reported Age
Building 1	Heritage Square, Brick Construc	40
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	67
Total Admissions 2013	21
Total Discharges 2013	23
Residents on 12/31/2013	65

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	31
Respiratory System	7
Digestive System	5
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	65

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	27	27	27	27	26	1	0	25
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	49	45	42	38	39	10		
TOTAL BEDS	76	72	69	65	65	11	0	25

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	1825	20.0%	0	0	7665	0	9490	96.3%	96.3%
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	15289	365	15654	87.5%	95.3%
TOTALS	0	0.0%	1825	20.0%	0	0	22954	365	25144	90.6%	95.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	1	1	1	1	2
75 to 84	3	1	0	0	0	0	3	2	6	3	9
85+	6	16	0	0	0	0	7	25	13	41	54
TOTALS	9	17	0	0	0	0	11	28	20	45	65

HERITAGE SQUARE
620 NORTH OTTAWA AVENUE
DIXON, IL. 61021

Classification Numbers

License Number	6004337	
Health Service Area	001	
Planning Service Area	103	Lee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	5	0	0	21	0	26
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	38	1	39
TOTALS	0	5	0	0	59	1	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	92	92

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	26	0	0	39	65
Race Unknown	0	0	0	0	0
Total	26	0	0	39	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	26	0	0	39	65
Ethnicity Unknown	0	0	0	0	0
Total	26	0	0	39	65

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	4.00
Certified Aides	14.00
Other Health Staff	2.00
Non-Health Staff	2.00
Totals	30.00

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
0.0%	5.7%	0.0%	0.0%	94.3%	100.0%		
0	158,825	0	0	2,608,678	2,767,503	40,755	1.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERRIN REHAB AND NURSING CTR
1900 NORTH PARK STREET
HERRIN, IL. 62948

Reference Numbers Facility ID 6003362
Health Service Area 005 Planning Service Area 199

Administrator
Sherry Belcher

Contact Person and Telephone
Sherry Belcher
618-942-2525

Date Completed
3/28/2014

Registered Agent Information
Lawerence Schwartz
8170 N. McCormick Blvd Suite 219
Skokie, IL 60076

Building		Reported Age
Building 1	Herrin Rehab & Nursing Center	39
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	25
Total Admissions 2013	43
Total Discharges 2013	35
Residents on 12/31/2013	33

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	33

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	49	33	49	33	16	0	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	49	49	33	49	33	16	0	49

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1171	0.0%	6426	35.9%	0	695	1102	0	9394	52.5%	52.5%
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	1171	0.0%	6426	35.9%	0	695	1102	0	9394	52.5%	52.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	5	8	0	0	0	0	0	0	5	8	13
85+	0	7	0	0	0	0	0	0	0	7	7
TOTALS	10	23	0	0	0	0	0	0	10	23	33

HERRIN REHAB AND NURSING CTR
1900 NORTH PARK STREET
HERRIN, IL. 62948

Classification Numbers

License Number	6003362	
Health Service Area	005	
Planning Service Area	199	Williamson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	21	0	0	7	0	33
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	21	0	0	7	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	33	0	0	0	33

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	33	0	0	0	33
Ethnicity Unknown	0	0	0	0	0
Total	33	0	0	0	33

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	4.00
Certified Aides	13.00
Other Health Staff	4.00
Non-Health Staff	13.00
Totals	38.00

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
35.8%	54.6%	0.0%	1.3%	8.3%	100.0%		
592,895	903,358	0	21,684	138,080	1,656,017	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HICKORY NURSING PAVILION
9246 SOUTH ROBERTS ROAD
HICKORY HILLS, IL. 60457

Reference Numbers Facility ID 6004352
Health Service Area 007 Planning Service Area 705

Administrator
Joseph Javier

Contact Person and Telephone
Joseph Javier
708-598-4040

Date Completed
4/1/2014

Registered Agent Information
Much Shelist
191 North Wacker Drive Suite 1800
Chicago, IL 60606

Building		Reported Age
Building 1	Hickory Nursing Pavilion	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	55
Total Admissions 2013	139
Total Discharges 2013	127
Residents on 12/31/2013	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	12
Developmental Disability	0
Circulatory System	8
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 8

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	74	67	74	67	7	13	74
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	67	74	67	7	13	74

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1342	28.3%	22386	82.9%	0	0	5	0	23733	87.9%	87.9%
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	1342	28.3%	22386	82.9%	0	0	5	0	23733	87.9%	87.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	3	0	0	0	0	0	0	3	3	6
45 to 59	12	9	0	0	0	0	0	0	12	9	21
60 to 64	8	2	0	0	0	0	0	0	8	2	10
65 to 74	9	8	0	0	0	0	0	0	9	8	17
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	37	30	0	0	0	0	0	0	37	30	67

HICKORY NURSING PAVILION
9246 SOUTH ROBERTS ROAD
HICKORY HILLS, IL. 60457

Classification Numbers

License Number	6004352	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	62	0	0	1	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	62	0	0	1	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.00
Certified Aides	12.00
Other Health Staff	2.00
Non-Health Staff	18.00
Totals	41.00

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
10.2%	89.8%	0.0%	0.0%	0.0%	100.0%		
345,111	3,034,870	0	0	750	3,380,731	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HICKORY POINT CHRISTIAN VILLAGE
565 MARION AVENUE
FORSYTH, IL. 62535

Reference Numbers Facility ID 6016687
Health Service Area 004 Planning Service Area 115

Administrator
Laurie Brown

Contact Person and Telephone
Susan McGhee

Registered Agent Information **Date Completed** 4/3/2014

Continuing Care Retirement Community

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	43
Total Admissions 2013	262
Total Discharges 2013	261
Residents on 12/31/2013	44

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	8
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	22
Non-Medical Conditions	1
TOTALS	44

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	47	47	47	47	44	3	47	5
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	47	47	47	47	44	3	47	5

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9768	56.9%	563	30.8%	0	991	5336	0	16658	97.1%	97.1%
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	9768	56.9%	563	30.8%	0	991	5336	0	16658	97.1%	97.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	8	17	0	0	0	0	0	0	8	17	25
TOTALS	12	32	0	0	0	0	0	0	12	32	44

HICKORY POINT CHRISTIAN VILLAGE
565 MARION AVENUE
FORSYTH, IL. 62535

Classification Numbers

License Number	6016687	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	1	0	1	18	0	44
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	1	0	1	18	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	44	0	0	0	44

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	44	0	0	0	44
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	0	44

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	8.00
Certified Aides	29.00
Other Health Staff	2.00
Non-Health Staff	35.00
Totals	86.00

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
74.9%	1.1%	0.0%	8.1%	15.8%	100.0%		
4,796,390	72,966	0	517,504	1,014,292	6,401,152	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HICKORY POINT TERRACE
260 EAST LUCILLE AVENUE
FORSYTH, IL. 62535

Reference Numbers Facility ID 6010623
Health Service Area 004 Planning Service Area 115

Administrator
kristi nottelmann

Contact Person and Telephone
JEREMY MAUPIN
217-422-6361

Date Completed
4/3/2014

Registered Agent Information
Christopher M Ellis
202 S. Franklin St. 2nd Fl
Decatur, IL 62523

Building		Reported Age
Building 1	Hickory Point Terrace	20
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	2
Total Discharges 2013	3
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5630	96.4%	0	0	0	0	5630	96.4%	96.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5630	96.4%	0	0	0	0	5630	96.4%	96.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	6	0	0	4	6	10
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	7	8	0	0	7	8	15

HICKORY POINT TERRACE
260 EAST LUCILLE AVENUE
FORSYTH, IL. 62535

Classification Numbers

License Number	6010623	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	240	120
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	9.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	13.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	926,092	0	0	0	926,092	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HICKORY STREET PLACE
3905 EAST HICKORY STREET
DECATUR, IL. 62521

Reference Numbers Facility ID 6012819
Health Service Area 004 Planning Service Area 115

Administrator
VALERIE POLING

Contact Person and Telephone
Dave Jacobus
217-763-2191

Date Completed
3/11/2014

Registered Agent Information
DAVE JACOBUS
2576 N. GREENWAY ROAD
Cerro Gordo, IL 61818

Building	Reported Age
Building 1	24
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	6
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			2174	99.3%	0	0	0	0	2174	99.3%	99.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2174	99.3%	0	0	0	0	2174	99.3%	99.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	1	0	1
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	3	3	0	0	3	3	6

HICKORY STREET PLACE
3905 EAST HICKORY STREET
DECATUR, IL. 62521

Classification Numbers

License Number	6012819	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	170	170
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	4.00
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	5.00

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
0.0%	95.0%	0.0%	0.0%	5.0%	100.0%		
0	353,240	0	0	18,660	371,900	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HIGHLAND HEALTH CARE CENTER
1450 26TH STREET
HIGHLAND, IL. 62249

Reference Numbers Facility ID 6001663
Health Service Area 011 Planning Service Area 119

Administrator
Jerry Nelson

Contact Person and Telephone
JERRY NELSON
618-654-2368

Date Completed
3/28/2014

Registered Agent Information
C.T. Corporation
208 LaSalle, Suite814
Chicago, IL 60604

Building		Reported Age
Building 1	Highland Health Care Center	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	79
Total Admissions 2013	221
Total Discharges 2013	222
Residents on 12/31/2013	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	5
Blood Disorders	5
*Nervous System Non Alzheimer	4
Alzheimer Disease	4
Mental Illness	3
Developmental Disability	0
Circulatory System	23
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	4
Musculo-skeletal Disorders	4
Injuries and Poisonings	6
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	128	92	87	92	78	50	82	95
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	128	92	87	92	78	50	82	95

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4025	13.4%	19078	55.0%	1112	567	5008	0	29790	63.8%	88.7%
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	4025	13.4%	19078	55.0%	1112	567	5008	0	29790	63.8%	88.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	6	2	0	0	0	0	0	0	6	2	8
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	16	10	0	0	0	0	0	0	16	10	26
85+	10	18	0	0	0	0	0	0	10	18	28
TOTALS	39	39	0	0	0	0	0	0	39	39	78

HIGHLAND HEALTH CARE CENTER
1450 26TH STREET
HIGHLAND, IL. 62249

Classification Numbers

License Number	6001663	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	51	4	3	7	0	78
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	51	4	3	7	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	236	168
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	13.00
Certified Aides	38.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	83.00

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
39.0%	37.5%	5.2%	4.4%	13.8%	100.0%		
2,303,582	2,213,119	308,631	261,839	813,130	5,900,301	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HIGHLAND OAKS
2750 WEST HIGHLAND AVENUE
ELGIN, IL. 60124

Reference Numbers Facility ID 6000392
Health Service Area 008 Planning Service Area 089

Administrator
David G Stieglitz

Contact Person and Telephone
DAVID STIEGLITZ
847-741-4543

Date Completed
3/28/2014

Registered Agent Information
David G Stieglitz
5N598 Meadowview Ln
St Charles, IL 60175

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	11
Developmental Disability	0
Circulatory System	6
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	43

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Highland Oaks	28
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	49
Total Admissions 2013	24
Total Discharges 2013	30
Residents on 12/31/2013	43

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	50	50	49	50	43	7	0	50
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	50	50	49	50	43	7	0	50

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	4278	23.4%	0	0	13302	0	17580	96.3%	96.3%
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	0	0.0%	4278	23.4%	0	0	13302	0	17580	96.3%	96.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	3	6	0	0	0	0	0	0	3	6	9
85+	6	27	0	0	0	0	0	0	6	27	33
TOTALS	9	34	0	0	0	0	0	0	9	34	43

HIGHLAND OAKS
2750 WEST HIGHLAND AVENUE
ELGIN, IL. 60124

Classification Numbers

License Number	6000392	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	11	0	0	32	0	43
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	32	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	218	188
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	43	0	0	0	43
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	0	43

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	3.00
Certified Aides	27.00
Other Health Staff	1.00
Non-Health Staff	24.00
Totals	69.00

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
0.0%	21.6%	0.0%	0.0%	78.4%	100.0%		
0	728,219	0	0	2,639,605	3,367,824	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HIGHLAND PARK NURSING & REHAB
50 PLEASANT AVENUE
HIGHWOOD, IL. 60040

Reference Numbers Facility ID 6007280
Health Service Area 008 Planning Service Area 097

Administrator
Sarah Jakoubek

Contact Person and Telephone
Sarah Jakoubek
847-432-9142

Date Completed
3/31/2014

Registered Agent Information
Frederick Frankel
8131 Monticello Ave
Skokie, IL 60076

Building		Reported Age
Building 1	Existing Construction	65
Building 2	New Construction	4
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	81
Total Admissions 2013	209
Total Discharges 2013	205
Residents on 12/31/2013	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	34
Mental Illness	3
Developmental Disability	0
Circulatory System	3
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	104	104	93	104	85	19	104	104
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	104	104	93	104	85	19	104	104

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5322	14.0%	18176	47.9%	0	725	6739	0	30962	81.6%	81.6%
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	5322	14.0%	18176	47.9%	0	725	6739	0	30962	81.6%	81.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	7	15	0	0	0	0	0	0	7	15	22
85+	8	33	0	0	0	0	0	0	8	33	41
TOTALS	24	61	0	0	0	0	0	0	24	61	85

HIGHLAND PARK NURSING & REHAB
50 PLEASANT AVENUE
HIGHWOOD, IL. 60040

Classification Numbers

License Number	6007280	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	54	0	1	14	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	54	0	1	14	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	260	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	10.00
LPN's	9.00
Certified Aides	40.00
Other Health Staff	4.00
Non-Health Staff	35.00
Totals	101.00

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
17.0%	51.2%	1.9%	0.0%	30.0%	100.0%		
834,535	2,518,964	91,262	0	1,476,936	4,921,697	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HIGHVIEW TERRACE
409 NORTH HIGH STREET
PARIS, IL. 61944

Reference Numbers Facility ID 6010359
Health Service Area 004 Planning Service Area 045

Administrator
Tara Wright

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Highview Terrace	26
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	1
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5755	98.5%	0	0	0	0	5755	98.5%	98.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5755	98.5%	0	0	0	0	5755	98.5%	98.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	6	2	0	0	6	2	8
45 to 59	0	0	0	0	4	4	0	0	4	4	8
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	10	6	0	0	10	6	16

HIGHVIEW TERRACE
409 NORTH HIGH STREET
PARIS, IL. 61944

Classification Numbers

License Number	6010359	
Health Service Area	004	
Planning Service Area	045	Edgar

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	114
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	645,888	0	0	0	645,888	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HILLCREST HOME
14688 IL HIGHWAY 82
GENESEO, IL. 61254

Reference Numbers Facility ID 6004402
Health Service Area 010 Planning Service Area 073

Administrator
Lorna Brown

Contact Person and Telephone
Julie Kaufman
309-944-2147

Date Completed
3/26/2014

Registered Agent Information

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	7
Alzheimer Disease	15
Mental Illness	2
Developmental Disability	0
Circulatory System	14
Respiratory System	7
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	11
Injuries and Poisonings	3
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	101

Total Residents Diagnosed as Mentally Ill 32

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Annex-Built 1976	38
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	99
Total Admissions 2013	81
Total Discharges 2013	79
Residents on 12/31/2013	101

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	106	105	106	101	5	106	106
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	106	106	105	106	101	5	106	106

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1598	4.1%	16205	41.9%	156	358	18050	0	36367	94.0%	94.0%
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	1598	4.1%	16205	41.9%	156	358	18050	0	36367	94.0%	94.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	3	18	0	0	0	0	0	0	3	18	21
85+	10	56	0	0	0	0	0	0	10	56	66
TOTALS	19	82	0	0	0	0	0	0	19	82	101

HILLCREST HOME
14688 IL HIGHWAY 82
GENESEO, IL. 61254

Classification Numbers

License Number	6004402	
Health Service Area	010	
Planning Service Area	073	Henry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	47	0	1	50	0	101
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	47	0	1	50	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	101	101
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	10.00
Certified Aides	45.00
Other Health Staff	3.00
Non-Health Staff	36.00
Totals	106.00

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
12.4%	43.3%	0.5%	2.2%	41.7%	100.0%		
516,409	1,808,354	19,805	91,105	1,740,059	4,175,732	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HILLCREST NURSING & REHAB CTR
777 DRAPER
JOLIET, IL. 60432

Reference Numbers Facility ID 6016786
Health Service Area 009 Planning Service Area 197

Administrator
Tasha Mitchell

Contact Person and Telephone
Tasha Mitchell
815-727-4794

Date Completed
4/8/2014

Registered Agent Information
Steve Miertzky
2201 Main st
Evanston, IL 60202

Building	Reported Age
Building 1	44
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	27
Total Admissions 2013	0
Total Discharges 2013	22
Residents on 12/31/2013	5

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
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	5

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	168	168	5	168	5	163	84	168
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	168	168	5	168	5	163	84	168

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	7129	0	7129	11.6%	11.6%
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	0	0.0%	0	0.0%	0	0	7129	0	7129	11.6%	11.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	3	0	0	0	0	0	0	0	3	0	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	4	1	0	0	0	0	0	0	4	1	5

HILLCREST NURSING & REHAB CTR
777 DRAPER
JOLIET, IL. 60432

Classification Numbers

License Number	6016786	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	5	0	5
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	5	0	5

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	220
Skilled Under 22	0	0
Intermediate DD	230	220
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	3	0	0	0	3
Race Unknown	0	0	0	0	0
Total	5	0	0	0	5

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	5	0	0	0	5
Ethnicity Unknown	0	0	0	0	0
Total	5	0	0	0	5

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	3.00
Certified Aides	5.00
Other Health Staff	10.00
Non-Health Staff	13.00
Totals	34.00

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	144,698	144,698	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

New ID	12/10/2012	Facility ID number changed from 6002604 to 6016786.

HILLCREST RETIREMENT VILLAGE
1740 NORTH CIRCUIT DRIVE
ROUND LAKE BEACH, IL. 60073

Reference Numbers Facility ID 6004410
Health Service Area 008 Planning Service Area 097

Administrator
Alan Rosenbaum

Contact Person and Telephone
Kimberly Brancato
224-577-0101

Date Completed
4/4/2014

Registered Agent Information
Karla Bishop
1740 N circuit Drive

Building		Reported Age
Building 1	Hillcrest Retirement Village	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	123
Total Admissions 2013	189
Total Discharges 2013	189
Residents on 12/31/2013	123

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System Non Alzheimer	20
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	49
Respiratory System	13
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	123

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	144	144	144	144	123	21	0	140
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	144	144	144	144	123	21	0	140

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3790	0.0%	36046	70.5%	965	0	4752	0	45553	86.7%	86.7%
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	3790	0.0%	36046	70.5%	965	0	4752	0	45553	86.7%	86.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	12	17	0	0	0	0	0	0	12	17	29
75 to 84	12	34	0	0	0	0	0	0	12	34	46
85+	7	36	0	0	0	0	0	0	7	36	43
TOTALS	34	89	0	0	0	0	0	0	34	89	123

HILLCREST RETIREMENT VILLAGE
1740 NORTH CIRCUIT DRIVE
ROUND LAKE BEACH, IL. 60073

Classification Numbers

License Number	6004410	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	90	3	0	17	0	123
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	90	3	0	17	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	117	0	0	0	117
Race Unknown	0	0	0	0	0
Total	123	0	0	0	123

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	0	0	0	0	0
Total	123	0	0	0	123

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	13.00
Certified Aides	83.00
Other Health Staff	53.00
Non-Health Staff	0.00
Totals	166.00

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
27.0%	54.1%	0.0%	0.0%	18.9%	100.0%		
1,490,102	2,986,389	0	0	1,041,521	5,518,012	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HILLSBORO REHAB & HEALTHCARE
1300 EAST TREMONT STREET
HILLSBORO, IL. 62049

Reference Numbers Facility ID 6004428
Health Service Area 003 Planning Service Area 135

Administrator
MARY JOANN NEWELL

Contact Person and Telephone
MARY JOANN NEWELL
217-532-6191

Date Completed
3/28/2014

Registered Agent Information
DANIEL MAHER
412 E. LAWERENCE AVE.
Springfield, IL 62703

Building		Reported Age
Building 1	HILLSBORO REHAB & HEALTH	40
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	94
Total Admissions 2013	114
Total Discharges 2013	108
Residents on 12/31/2013	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	51
Mental Illness	0
Developmental Disability	1
Circulatory System	10
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	121	118	105	118	100	21	121	121
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	121	118	105	118	100	21	121	121

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3486	7.9%	23911	54.1%	245	215	7795	0	35652	80.7%	82.8%
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	3486	7.9%	23911	54.1%	245	215	7795	0	35652	80.7%	82.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	0	0	0	0	2	0	2
45 to 59	6	3	0	0	0	0	0	0	6	3	9
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	9	9	0	0	0	0	0	0	9	9	18
75 to 84	9	21	0	0	0	0	0	0	9	21	30
85+	10	26	0	0	0	0	0	0	10	26	36
TOTALS	40	60	0	0	0	0	0	0	40	60	100

HILLSBORO REHAB & HEALTHCARE
1300 EAST TREMONT STREET
HILLSBORO, IL. 62049

Classification Numbers

License Number	6004428	
Health Service Area	003	
Planning Service Area	135	Montgomery

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	73	2	1	18	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	73	2	1	18	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	203	112
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	0	0	0	0	0
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	100	0	0	0	100
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	11.00
Certified Aides	26.00
Other Health Staff	3.00
Non-Health Staff	7.00
Totals	53.00

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
32.3%	47.9%	1.9%	1.6%	16.3%	100.0%		
1,890,752	2,807,015	110,776	93,912	955,472	5,857,927	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HILLSIDE REHAB & CARE CENTER
1308 GAME FARM ROAD
YORKVILLE, IL. 60560

Reference Numbers Facility ID 6004451
Health Service Area 009 Planning Service Area 093

Administrator
Judith Koczo

Contact Person and Telephone
Cara Wahmann
630-553-5811

Date Completed
4/4/2014

Registered Agent Information

Building		Reported Age
Building 1	Hillside Rehab and Care Center	50
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	59
Total Admissions 2013	94
Total Discharges 2013	96
Residents on 12/31/2013	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	8
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	79	79	66	79	57	22	79	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	79	79	66	79	57	22	79	58

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3270	11.3%	9858	46.6%	1983	202	7077	0	22390	77.6%	77.6%
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	3270	11.3%	9858	46.6%	1983	202	7077	0	22390	77.6%	77.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	7	0	0	0	0	0	0	1	7	8
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	4	31	0	0	0	0	0	0	4	31	35
TOTALS	7	50	0	0	0	0	0	0	7	50	57

HILLSIDE REHAB & CARE CENTER
1308 GAME FARM ROAD
YORKVILLE, IL. 60560

Classification Numbers

License Number	6004451	
Health Service Area	009	
Planning Service Area	093	Kendall

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	24	5	2	17	0	57
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	24	5	2	17	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	1	0	0	0	1
Total	57	0	0	0	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	1.00
Certified Aides	39.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	79.00

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
39.9%	25.4%	4.5%	2.2%	28.0%	100.0%		
1,707,000	1,087,000	192,000	94,000	1,196,000	4,276,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HILLTOP SKILLED NURSING & REHAB
910 WEST POLK STREET
CHARLESTON, IL. 61920

Reference Numbers Facility ID 6004477
Health Service Area 004 Planning Service Area 029

Administrator
Troy Gibbs

Contact Person and Telephone
Troy Gibbs

Registered Agent Information **Date Completed** 4/24/2014

Life Care Facility

Building		Reported Age
Building 1	Hilltop Skiilled Nursing & rehab	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	56
Total Admissions 2013	156
Total Discharges 2013	163
Residents on 12/31/2013	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	108	83	64	83	49	59	36	108
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	108	83	64	83	49	59	36	108

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3401	25.9%	9114	23.1%	89	157	8363	0	21124	53.6%	69.7%
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	3401	25.9%	9114	23.1%	89	157	8363	0	21124	53.6%	69.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	0	0	0	0	0	0	0	2	0	2
75 to 84	4	11	0	0	0	0	0	0	4	11	15
85+	5	25	0	0	0	0	0	0	5	25	30
TOTALS	12	37	0	0	0	0	0	0	12	37	49

HILLTOP SKILLED NURSING & REHAB
910 WEST POLK STREET
CHARLESTON, IL. 61920

Classification Numbers

License Number	6004477	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	23	0	0	23	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	23	0	0	23	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	139
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	10.00
Certified Aides	30.00
Other Health Staff	2.00
Non-Health Staff	24.00
Totals	73.00

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
44.4%	24.5%	0.3%	1.2%	29.7%	100.0%		
1,723,147	949,821	10,434	44,936	1,155,245	3,883,583	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HILLVIEW HEALTHCARE CENTER
512 NORTH 11TH STREET
VIENNA, IL. 62995

Reference Numbers Facility ID 6004485
Health Service Area 005 Planning Service Area 087

Administrator
Rachel Thomas

Contact Person and Telephone
RACHEL THOMAS
618-658-2951

Date Completed
3/26/2014

Registered Agent Information

Life Care Facility

Building		Reported Age
Building 1	Hillview Healthcare	47
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	43
Total Admissions 2013	28
Total Discharges 2013	32
Residents on 12/31/2013	39

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	39

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	58	57	47	57	39	19	58	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	58	57	47	57	39	19	58	58

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1712	8.1%	9612	45.4%	1028	15	2912	0	15279	72.2%	73.4%
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	1712	8.1%	9612	45.4%	1028	15	2912	0	15279	72.2%	73.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	4	7	0	0	0	0	0	0	4	7	11
85+	3	21	0	0	0	0	0	0	3	21	24
TOTALS	9	30	0	0	0	0	0	0	9	30	39

HILLVIEW HEALTHCARE CENTER
512 NORTH 11TH STREET
VIENNA, IL. 62995

Classification Numbers

License Number	6004485	
Health Service Area	005	
Planning Service Area	087	Johnson/Massac

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	29	0	7	0	0	39
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	29	0	7	0	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	99	99
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	39	0	0	0	39

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	39	0	0	0	39
Ethnicity Unknown	0	0	0	0	0
Total	39	0	0	0	39

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.00
Certified Aides	15.00
Other Health Staff	1.00
Non-Health Staff	18.00
Totals	43.00

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
24.1%	31.7%	7.3%	8.8%	28.0%	100.0%		
523,693	690,876	159,760	191,842	610,221	2,176,392	21,570	1.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	12/11/2012	Discontinued 11 Nursing Care beds; facility now has 58 Nursing Care beds.

HITZ MEMORIAL HOME
BELLE STREET P.O. BOX 79
ALHAMBRA, IL. 62001

Reference Numbers Facility ID 6004501
Health Service Area 011 Planning Service Area 119

Administrator
Susan Tudor

Contact Person and Telephone
SUSAN TUDOR
618-488-2355

Date Completed
3/5/2014

Registered Agent Information
Kathy Corbitt
201 Belle P.O. Box 79
Alhambra, IL 62001

Building	Reported Age
Building 1 Hitz Memorial Home	43
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	43
Total Admissions 2013	39
Total Discharges 2013	37
Residents on 12/31/2013	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	67	59	51	59	45	22	34	59
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	67	59	51	59	45	22	34	59

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1248	10.1%	8174	38.0%	0	0	6944	13	16379	67.0%	76.1%
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	1248	10.1%	8174	38.0%	0	0	6944	13	16379	67.0%	76.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	3	16	0	0	0	0	0	0	3	16	19
85+	3	15	0	0	0	0	0	0	3	15	18
TOTALS	9	36	0	0	0	0	0	0	9	36	45

HITZ MEMORIAL HOME
BELLE STREET P.O. BOX 79
ALHAMBRA, IL. 62001

Classification Numbers

License Number	6004501	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	21	0	0	20	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	21	0	0	20	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.50
LPN's	8.50
Certified Aides	23.00
Other Health Staff	3.00
Non-Health Staff	15.00
Totals	53.00

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
20.5%	38.7%	0.0%	0.0%	40.8%	100.0%		
550,717	1,042,566	0	0	1,099,348	2,692,631	1,923	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HOLBROOK CENTER
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6014690
Health Service Area 006 Planning Service Area 601

Administrator
Mary Christine Krackenberger

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Date Completed
3/22/2014

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Building	Reported Age
Building 1 Holbrook	57
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	53
Total Admissions 2013	3
Total Discharges 2013	3
Residents on 12/31/2013	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	53
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	53

Total Residents Diagnosed as Mentally Ill 16

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	53	53	53	53	53	0		53
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	53	53	53	53	53	0	0	53

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			19202	99.3%	0	0	0	0	19202	99.3%	99.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	19202	99.3%	0	0	0	0	19202	99.3%	99.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	10	19	0	0	10	19	29
45 to 59	0	0	0	0	4	12	0	0	4	12	16
60 to 64	0	0	0	0	0	8	0	0	0	8	8
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	14	39	0	0	14	39	53

HOLBROOK CENTER
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Classification Numbers

License Number	6014690	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		53	0	0	0	0	53
Sheltered Care			0	0	0	0	0
TOTALS	0	53	0	0	0	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	50	0	50
Race Unknown	0	0	0	0	0
Total	0	0	53	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	53	0	53
Ethnicity Unknown	0	0	0	0	0
Total	0	0	53	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.17
Physicians	0.06
Director of Nursing	1.00
Registered Nurses	2.41
LPN's	1.06
Certified Aides	48.68
Other Health Staff	11.10
Non-Health Staff	7.43
Totals	72.91

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%	85.7%	0.0%	0.0%	14.3%	100.0%		
0	2,831,305	0	0	471,084	3,302,389	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HOLLAND TERRACE
15175 STATE STREET
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6014732
Health Service Area 007 Planning Service Area 705

Administrator
Annette Whitlock

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Holland	17
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	15	15	15	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	15	15	15	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5475	93.8%	0	0	0	0	5475	93.8%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	0	0	0	5475	93.8%	100.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	4	2	0	0	4	2	6
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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	7	8	0	0	7	8	15

HOLLAND TERRACE
15175 STATE STREET
SOUTH HOLLAND, IL. 60473

Classification Numbers

License Number	6014732	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	149
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	7	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	8	0	8
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	876,060	0	0	0	876,060	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HOLY FAMILY VILLA
12220 SOUTH WILL COOK ROAD
PALOS PARK, IL. 60464

Reference Numbers Facility ID 6004550
Health Service Area 007 Planning Service Area 705

Administrator
Roberta Magurany

Contact Person and Telephone
KATHI GRABEN
630-257-2291

Date Completed
4/4/2014

Registered Agent Information
Rev. Monsignor Micheal Boland
721 N. LaSalle
Chicago, IL 60654

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	19
Developmental Disability	0
Circulatory System	53
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 68

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Main building	12
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	92
Total Admissions 2013	117
Total Discharges 2013	115
Residents on 12/31/2013	94

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	99	99	94	5	99	65
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	94	5	99	65

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2875	8.0%	14703	62.0%	0	56	16278	377	34289	94.9%	94.9%
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	2875	8.0%	14703	62.0%	0	56	16278	377	34289	94.9%	94.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	5	16	0	0	0	0	0	0	5	16	21
85+	7	58	0	0	0	0	0	0	7	58	65
TOTALS	16	78	0	0	0	0	0	0	16	78	94

HOLY FAMILY VILLA
12220 SOUTH WILL COOK ROAD
PALOS PARK, IL. 60464

Classification Numbers

License Number	6004550	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	40	0	0	41	0	94
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	40	0	0	41	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	284	262
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	5.00
Certified Aides	32.00
Other Health Staff	1.00
Non-Health Staff	42.00
Totals	95.00

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
28.5%	24.9%	0.0%	0.1%	46.5%	100.0%		
2,217,820	1,936,276	0	7,930	3,621,627	7,783,653	93,888	1.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HOMESTEAD HOUSE
1120 NORTH DIVISION STREET
CARTERVILLE, IL. 62918

Reference Numbers Facility ID 6011647
Health Service Area 005 Planning Service Area 055

Administrator
William J. Mattingly

Contact Person and Telephone
LORI JONES
618-985-8351

Date Completed
3/3/2014

Registered Agent Information

Building	Reported Age
Building 1	26
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	13
Total Admissions 2013	5
Total Discharges 2013	5
Residents on 12/31/2013	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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	13

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	13	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	13	16	13	3	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4745	81.3%	0	0	0	0	4745	81.3%	81.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4745	81.3%	0	0	0	0	4745	81.3%	81.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	1	0	0	2	1	3
45 to 59	0	0	0	0	6	1	0	0	6	1	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	3	0	0	0	3	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	5	0	0	8	5	13

HOMESTEAD HOUSE
1120 NORTH DIVISION STREET
CARTERVILLE, IL. 62918

Classification Numbers

License Number	6011647	
Health Service Area	005	
Planning Service Area	055	Franklin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	103
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	6.25
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	10.50

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%	82.4%	0.1%	0.0%	17.5%	100.0%		
0	376,306	602	0	80,024	456,932	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HOPE CREEK CARE CENTER
4343 Kennedy Drive
EAST MOLINE, IL. 61244

Reference Numbers Facility ID 6006761
Health Service Area 010 Planning Service Area 161

Administrator
TRUDY WHITTINGTON

Contact Person and Telephone
TRUDY WHITTINGTON
309-796-6600

Date Completed
4/4/2014

Registered Agent Information
Phillip Banaszek, County Board Chairma
1504 Third Avenue
Rock Island, IL 61201

Building	Reported Age
Building 1 Hope Creek Care Center	5
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	225
Total Admissions 2013	298
Total Discharges 2013	312
Residents on 12/31/2013	211

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	0
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	162
Non-Medical Conditions	0
TOTALS	211

Total Residents Diagnosed as Mentally Ill 85

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	245	245	242	245	211	34	245	245
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	245	245	242	245	211	34	245	245

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9118	10.2%	44384	49.6%	1005	114	27540	0	82161	91.9%	91.9%
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	9118	10.2%	44384	49.6%	1005	114	27540	0	82161	91.9%	91.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	1	5	0	0	0	0	0	0	1	5	6
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	12	45	0	0	0	0	0	0	12	45	57
85+	18	110	0	0	0	0	0	0	18	110	128
TOTALS	40	171	0	0	0	0	0	0	40	171	211

HOPE CREEK CARE CENTER
4343 Kennedy Drive
EAST MOLINE, IL. 61244

Classification Numbers

License Number	6006761	
Health Service Area	010	
Planning Service Area	161	Rock Island

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	119	5	0	66	0	211
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	119	5	0	66	0	211

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	164
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	196	0	0	0	196
Race Unknown	6	0	0	0	6
Total	211	0	0	0	211

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	201	0	0	0	201
Ethnicity Unknown	6	0	0	0	6
Total	211	0	0	0	211

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	19.00
LPN's	38.00
Certified Aides	130.00
Other Health Staff	2.00
Non-Health Staff	84.00
Totals	276.00

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
24.8%	32.5%	0.2%	0.3%	42.1%	100.0%		
3,714,170	4,865,162	35,212	49,028	6,294,938	14,958,510	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HOPE HOUSE
106 EAST SECOND SOUTH STREET
ARCOLA, IL. 61910

Reference Numbers Facility ID 6011563
Health Service Area 004 Planning Service Area 041

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217-398-0754 ext 13

Date Completed
4/1/2014

Registered Agent Information
Dave Krchak
30 E Main st
Champaign, IL 61821

Building		Reported Age
Building 1	106 E Second South St Arcola il	25
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	1
Total Discharges 2013	0
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 14

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5379	92.1%	0	0	0	0	5379	92.1%	92.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5379	92.1%	0	0	0	0	5379	92.1%	92.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	3	0	0	4	3	7
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	2	1	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	0	0	0	0	8	7	0	0	8	7	15

HOPE HOUSE
106 EAST SECOND SOUTH STREET
ARCOLA, IL. 61910

Classification Numbers

License Number	6011563	
Health Service Area	004	
Planning Service Area	041	Douglas

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	147	147
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	660,773	0	0	0	660,773	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HOPEDALE NURSING HOME
107 TREMONT STR. P.O. BOX 267
HOPEDALE, IL. 61747

Reference Numbers Facility ID 6004626
Health Service Area 002 Planning Service Area 179

Administrator
Larry Noreuil

Contact Person and Telephone
TIMOTHY W. SONDAG
309-449-4145

Date Completed
3/21/2014

Registered Agent Information

Building	Reported Age
Building 1 AW	57
Building 2 HP	13
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	47
Total Admissions 2013	58
Total Discharges 2013	56
Residents on 12/31/2013	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	54	52	51	52	49	5	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	54	52	51	52	49	5	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	470	13397	3488	17355	88.1%	91.4%
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	0	0.0%	0	0.0%	0	470	13397	3488	17355	88.1%	91.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	7	29	0	0	0	0	0	0	7	29	36
TOTALS	13	36	0	0	0	0	0	0	13	36	49

HOPEDALE NURSING HOME
107 TREMONT STR. P.O. BOX 267
HOPEDALE, IL. 61747

Classification Numbers

License Number	6004626	
Health Service Area	002	
Planning Service Area	179	Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	1	39	9	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	1	39	9	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	24.00
Other Health Staff	1.00
Non-Health Staff	2.00
Totals	40.00

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
0.0%	0.0%	0.0%	3.3%	96.7%	100.0%		
0	0	0	87,600	2,582,757	2,670,357	304,018	11.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	7/24/2012	Facility discontinued 20 Nursing Care beds; facility now has 54 Nursing Care beds.

HUNT TERRACE
1180 SOUTH 4TH AVENUE
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6012421
Health Service Area 009 Planning Service Area 091

Administrator
Jennifer Allsopp

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Hunt Terrace	23
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	2
Total Discharges 2013	5
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	12	4	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5097	87.3%	0	0	0	0	5097	87.3%	87.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5097	87.3%	0	0	0	0	5097	87.3%	87.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	2	0	0	4	2	6
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	6	6	0	0	6	6	12

HUNT TERRACE
1180 SOUTH 4TH AVENUE
KANKAKEE, IL. 60901

Classification Numbers

License Number	6012421	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	125
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	696,384	0	0	0	696,384	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

HUNTER HOUSE
505 NORTHEAST PERRY STREET
PEORIA, IL. 61603

Reference Numbers Facility ID 6004659
Health Service Area 002 Planning Service Area 143

Administrator
Marie Dixon

Contact Person and Telephone
MARIE DIXON
309-673-2676

Date Completed
3/13/2014

Registered Agent Information

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	8
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	8

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Hunter House	27
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	9
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	8

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	9	15	8	7		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	9	15	8	7	0	15

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			3023	55.2%	0	0	0	0	3023	55.2%	55.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3023	55.2%	0	0	0	0	3023	55.2%	55.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	1	0	1
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	4	4	0	0	4	4	8

HUNTER HOUSE
505 NORTHEAST PERRY STREET
PEORIA, IL. 61603

Classification Numbers

License Number	6004659	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		8	0	0	0	0	8
Sheltered Care			0	0	0	0	0
TOTALS	0	8	0	0	0	0	8

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	105
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	8	0	8

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	8	0	8
Ethnicity Unknown	0	0	0	0	0
Total	0	0	8	0	8

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	7.00
Non-Health Staff	0.00
Totals	8.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	232,126	0	0	0	232,126	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

IL VETERANS HOME AT LASALLE
1015 O'CONOR
LASALLE, IL. 61301

Reference Numbers Facility ID 6015481
Health Service Area 002 Planning Service Area 099

Administrator
John Koehler

Contact Person and Telephone
John Koehler
815-223-0303 ext. 200

Date Completed
3/27/2014

Registered Agent Information
IDVA
833 S. Spring St.

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	172
Total Admissions 2013	86
Total Discharges 2013	76
Residents on 12/31/2013	182

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	17
Alzheimer Disease	57
Mental Illness	5
Developmental Disability	0
Circulatory System	52
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	182

Total Residents Diagnosed as Mentally Ill 25

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	200	200	184	200	182	18	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	200	200	184	200	182	18	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	64254	0	0	0	64254	88.0%	88.0%
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	0	0.0%	0	0.0%	64254	0	0	0	64254	88.0%	88.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	25	0	0	0	0	0	0	0	25	0	25
75 to 84	48	0	0	0	0	0	0	0	48	0	48
85+	102	4	0	0	0	0	0	0	102	4	106
TOTALS	178	4	0	0	0	0	0	0	178	4	182

IL VETERANS HOME AT LASALLE
1015 O'CONOR
LASALLE, IL. 61301

Classification Numbers

License Number	6015481	
Health Service Area	002	
Planning Service Area	099	LaSalle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	182	0	0	182
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	182	0	0	182

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	1	0	0	0	1
White	179	0	0	0	179
Race Unknown	0	0	0	0	0
Total	182	0	0	0	182

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	179	0	0	0	179
Ethnicity Unknown	0	0	0	0	0
Total	182	0	0	0	182

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	41.00
LPN's	5.00
Certified Aides	85.00
Other Health Staff	11.50
Non-Health Staff	58.00
Totals	202.50

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
1.1%	0.0%	73.5%	0.1%	25.3%	100.0%		
92,123	0	6,403,242	12,976	2,207,232	8,715,573	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

IL VETERANS HOME AT MANTENO
1 VETERANS DRIVE
MANTENO, IL. 60901

Reference Numbers Facility ID 6014948
Health Service Area 009 Planning Service Area 091

Administrator
Lester E. Robertson, Jr.

Contact Person and Telephone
ELAINE SCHWASS
815-468-6581 Ext. 221

Date Completed
3/5/2014

Registered Agent Information
IL Dept of Veterans Affairs
833 S. Spring St.
Springfield, IL 62974

Life Care Facility

Building		Reported Age
Building 1	Resident Building 1	77
Building 2	Resident Building 2	77
Building 3	Resident Building 3	79
Building 4	Resident Building 4	44
Building 5	Resident Building 5	13

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	277
Total Admissions 2013	113
Total Discharges 2013	115
Residents on 12/31/2013	275

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	37
Alzheimer Disease	57
Mental Illness	73
Developmental Disability	0
Circulatory System	48
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	21
Injuries and Poisonings	1
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	275

Total Residents Diagnosed as Mentally Ill 149

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	340	292	292	292	275	65	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	340	292	292	292	275	65	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	98937	0	98937	79.7%	92.8%
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	0	0.0%	0	0.0%	0	0	98937	0	98937	79.7%	92.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	16	1	0	0	0	0	0	0	16	1	17
65 to 74	35	0	0	0	0	0	0	0	35	0	35
75 to 84	55	3	0	0	0	0	0	0	55	3	58
85+	149	14	0	0	0	0	0	0	149	14	163
TOTALS	257	18	0	0	0	0	0	0	257	18	275

IL VETERANS HOME AT MANTENO
1 VETERANS DRIVE
MANTENO, IL. 60901

Classification Numbers

License Number	6014948	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	275	0	275
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	275	0	275

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	92	92
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pacific Isl.	0	0	0	0	0
White	255	0	0	0	255
Race Unknown	4	0	0	0	4
Total	275	0	0	0	275

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	271	0	0	0	271
Total	275	0	0	0	275

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	11.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	50.00
LPN's	23.00
Certified Aides	143.00
Other Health Staff	20.00
Non-Health Staff	80.00
Totals	331.00

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
1.8%	0.0%	69.6%	0.4%	28.1%	100.0%		
270,759	0	10,551,598	65,240	4,262,926	15,150,523	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

IL VETERANS HOME AT QUINCY
1707 N. 12TH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6015473
Health Service Area 003 Planning Service Area 001

Administrator
Bruce L. Vaca

Contact Person and Telephone
TANE TEMPLE
217-222-8641

Date Completed
3/17/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	380
Total Admissions 2013	144
Total Discharges 2013	159
Residents on 12/31/2013	365

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	44
Blood Disorders	1
*Nervous System Non Alzheimer	50
Alzheimer Disease	16
Mental Illness	139
Developmental Disability	0
Circulatory System	62
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	365

Total Residents Diagnosed as Mentally Ill 280

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	551	551	365	551	365	186	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	551	551	365	551	365	186	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	5840	133448	0	139288	69.3%	69.3%
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	0	0.0%	0	0.0%	0	5840	133448	0	139288	69.3%	69.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	7	0	0	0	0	0	0	0	7	0	7
60 to 64	13	0	0	0	0	0	0	0	13	0	13
65 to 74	50	0	0	0	0	0	0	0	50	0	50
75 to 84	87	0	0	0	0	0	0	0	87	0	87
85+	151	57	0	0	0	0	0	0	151	57	208
TOTALS	308	57	0	0	0	0	0	0	308	57	365

IL VETERANS HOME AT QUINCY
1707 N. 12TH STREET
QUINCY, IL. 62301

Classification Numbers

License Number	6015473	
Health Service Area	003	
Planning Service Area	001	Adams

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	16	349	0	365
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	16	349	0	365

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	311	311
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	357	0	0	0	357
Race Unknown	2	0	0	0	2
Total	365	0	0	0	365

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	363	0	0	0	363
Ethnicity Unknown	0	0	0	0	0
Total	365	0	0	0	365

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	53.00
LPN's	46.00
Certified Aides	153.00
Other Health Staff	20.00
Non-Health Staff	231.00
Totals	508.00

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
0.0%	0.0%	71.4%	0.5%	28.0%	100.0%		
0	0	15,154,137	116,141	5,947,496	21,217,774	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ILLINI HERITAGE REHAB & NURSING CENTER
1315 CURT DRIVE BOX 6179
CHAMPAIGN, IL. 61826

Reference Numbers Facility ID 6004212
Health Service Area 004 Planning Service Area 019

Administrator
Chris Collins

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/1/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Illini Heritage RHC/Nursing Hom	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	53
Total Admissions 2013	29
Total Discharges 2013	27
Residents on 12/31/2013	55

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	8
Mental Illness	32
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 38

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	58	58	58	55	5	60	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	58	58	58	55	5	60	60

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	302	1.4%	14929	68.2%	940	12	3713	0	19896	90.8%	94.0%
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	302	1.4%	14929	68.2%	940	12	3713	0	19896	90.8%	94.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	9	0	0	0	0	0	0	3	9	12
75 to 84	2	11	0	0	0	0	0	0	2	11	13
85+	6	16	0	0	0	0	0	0	6	16	22
TOTALS	15	40	0	0	0	0	0	0	15	40	55

ILLINI HERITAGE REHAB & NURSING CENTER
1315 CURT DRIVE BOX 6179
CHAMPAIGN, IL. 61826

Classification Numbers

License Number	6004212	
Health Service Area	004	
Planning Service Area	019	Champaign

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	42	0	0	10	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	42	0	0	10	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	1	0	0	0	1
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	20.00
Other Health Staff	1.00
Non-Health Staff	21.00
Totals	53.00

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
9.0%	72.1%	0.0%	0.6%	18.4%	100.0%		
228,982	1,838,837	0	14,148	468,005	2,549,972	2,336	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ILLINOIS KNIGHTS TEMPLAR HOME
450 EAST FULTON STREET
PAXTON, IL. 60957

Reference Numbers Facility ID 6004675
Health Service Area 004 Planning Service Area 053

Administrator
Katheryn E. Laube

Contact Person and Telephone
Rabecca Howard
309-823-1739

Date Completed
3/17/2014

Registered Agent Information
Nicholas Lynn
190 South LaSalle St. Suite 3700
Chicago, IL 60603

Building	Reported Age
Building 1 nursing home	60
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	53
Total Admissions 2013	57
Total Discharges 2013	55
Residents on 12/31/2013	55

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	12
Developmental Disability	0
Circulatory System	16
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	10
TOTALS	55

Total Residents Diagnosed as Mentally Ill 39

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	75	75	61	75	55	20	75	26
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	75	75	61	75	55	20	75	26

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1775	6.5%	6793	71.6%	0	86	10982	5	19641	71.7%	71.7%
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	1775	6.5%	6793	71.6%	0	86	10982	5	19641	71.7%	71.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	0	0	0	0	0	0	0	3	0	3
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	10	27	0	0	0	0	0	0	10	27	37
TOTALS	19	36	0	0	0	0	0	0	19	36	55

ILLINOIS KNIGHTS TEMPLAR HOME
450 EAST FULTON STREET
PAXTON, IL. 60957

Classification Numbers

License Number	6004675	
Health Service Area	004	
Planning Service Area	053	Ford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	17	0	0	35	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	17	0	0	35	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	5.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	38.00
Totals	72.00

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
28.8%	25.4%	0.0%	1.0%	44.7%	100.0%		
1,200,529	1,059,154	0	40,671	1,862,015	4,162,369	31,673	0.8%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ILLINOIS PRESBYTERIAN HOME
2005 WEST LAWRENCE
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6004709
Health Service Area 003 Planning Service Area 167

Administrator
THOMAS P. O'FALLON

Contact Person and Telephone
THOMAS P. O'FALLON
217-546-5622

Date Completed
3/9/2014

Registered Agent Information
Harvey M. Stephens
205 S. Fifth Street, Suite 700
Springfield, IL 62701

Building		Reported Age
Building 1	Illinois Presbyterian Home 2005	84
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	56
Total Admissions 2013	24
Total Discharges 2013	35
Residents on 12/31/2013	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	15	10	7	10	5	10	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	73	61	51	61	40	33		
TOTAL BEDS	88	71	58	71	45	43	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	1198	528	1726	31.5%	47.3%
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	11396	5031	16427	61.7%	73.8%
TOTALS	0	0.0%	0	0.0%	0	0	12594	5559	18153	56.5%	70.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	1	0	1	1
65 to 74	0	0	0	0	0	0	0	1	0	1	1
75 to 84	0	0	0	0	0	0	0	3	0	3	3
85+	1	4	0	0	0	0	6	29	7	33	40
TOTALS	1	4	0	0	0	0	6	34	7	38	45

ILLINOIS PRESBYTERIAN HOME
2005 WEST LAWRENCE
SPRINGFIELD, IL. 62704

Classification Numbers

License Number	6004709	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	5	0	5
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	40	0	40
TOTALS	0	0	0	0	45	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	93	81
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	50	50

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	5	0	0	40	45
Race Unknown	0	0	0	0	0
Total	5	0	0	40	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	5	0	0	40	45
Ethnicity Unknown	0	0	0	0	0
Total	5	0	0	40	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.50
Physicians	0.00
Director of Nursing	0.70
Registered Nurses	0.60
LPN's	4.10
Certified Aides	4.90
Other Health Staff	1.20
Non-Health Staff	11.50
Totals	24.50

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%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	1,188,981	1,188,981	305,407	25.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ILLINOIS VETERANS HOME AT ANNA
792 NORTH MAIN
ANNA, IL. 62906

Reference Numbers Facility ID 6014120
Health Service Area 005 Planning Service Area 181

Administrator
Angela Simmons

Contact Person and Telephone
Angela Simmons
618-833-6302

Date Completed
3/13/2014

Registered Agent Information
Illinois Department of Veteran Affairs-Eri
833 S. Spring St
Springfield, IL 62974

Building	Reported Age
Building 1	19
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	48
Total Admissions 2013	25
Total Discharges 2013	27
Residents on 12/31/2013	46

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	20
Mental Illness	9
Developmental Disability	1
Circulatory System	9
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	46

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	50	50	50	50	46	4	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	50	50	50	50	46	4	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	18250	0	18250	100.0%	100.0%
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	0	0.0%	0	0.0%	0	0	18250	0	18250	100.0%	100.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	6	0	0	0	0	0	0	0	6	0	6
85+	37	3	0	0	0	0	0	0	37	3	40
TOTALS	43	3	0	0	0	0	0	0	43	3	46

ILLINOIS VETERANS HOME AT ANNA
792 NORTH MAIN
ANNA, IL. 62906

Classification Numbers

License Number	6014120	
Health Service Area	005	
Planning Service Area	181	Union

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	46	0	46
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	46	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	223
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	46	0	0	0	46
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	0	46

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	6.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	75.00

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
0.2%	0.0%	72.7%	0.0%	27.1%	100.0%		
6,931	0	2,302,138	913	856,692	3,166,674	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

IMBODEN CREEK LIVING CENTER
180 WEST IMBODEN DRIVE
DECATUR, IL. 62521

Reference Numbers Facility ID 6012579
Health Service Area 004 Planning Service Area 115

Administrator
Molly Carpenter

Contact Person and Telephone
MOLLY CARPENTER
217-422-6464

Date Completed
3/28/2013

Registered Agent Information

Continuing Care Retirement Community

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	84
Total Admissions 2013	106
Total Discharges 2013	112
Residents on 12/31/2013	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	5
Mental Illness	10
Developmental Disability	0
Circulatory System	8
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	3
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	95	88	88	86	78	17	95	95
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	95	88	88	86	78	17	95	95

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4825	13.9%	8420	24.3%	0	92	16343	0	29680	85.6%	92.4%
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	4825	13.9%	8420	24.3%	0	92	16343	0	29680	85.6%	92.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	10	14	0	0	0	0	0	0	10	14	24
85+	14	36	0	0	0	0	0	0	14	36	50
TOTALS	26	52	0	0	0	0	0	0	26	52	78

IMBODEN CREEK LIVING CENTER
180 WEST IMBODEN DRIVE
DECATUR, IL. 62521

Classification Numbers

License Number	6012579	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	24	0	1	40	0	78
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	24	0	1	40	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	198	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	11.00
Certified Aides	42.00
Other Health Staff	4.00
Non-Health Staff	61.00
Totals	124.00

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
25.1%	14.4%	0.0%	0.9%	59.6%	100.0%		
1,392,875	795,084	0	49,565	3,302,025	5,539,549	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

IMPERIAL GROVE PAVILION
1366 WEST FULLERTON AVENUE
CHICAGO, IL. 60614

Reference Numbers Facility ID 6004733
Health Service Area 006 Planning Service Area 602

Administrator
Jay Evans

Contact Person and Telephone
Lesa Jagusch

Registered Agent Information **Date Completed** 4/2/2014

Building		Reported Age
Building 1	The Imperial	100
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	228
Total Admissions 2013	820
Total Discharges 2013	738
Residents on 12/31/2013	310

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	218
Non-Medical Conditions	0
TOTALS	220

Total Residents Diagnosed as Mentally Ill 32

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	248	248	248	248	220	28	248	248
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	248	248	248	248	220	28	248	248

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17410	19.2%	44437	49.1%	4320	7449	4410	0	78026	86.2%	86.2%
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	17410	19.2%	44437	49.1%	4320	7449	4410	0	78026	86.2%	86.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	0	0	0	0	2	0	2
45 to 59	11	7	0	0	0	0	0	0	11	7	18
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	24	18	0	0	0	0	0	0	24	18	42
75 to 84	31	35	0	0	0	0	0	0	31	35	66
85+	24	59	0	0	0	0	0	0	24	59	83
TOTALS	96	124	0	0	0	0	0	0	96	124	220

IMPERIAL GROVE PAVILION
1366 WEST FULLERTON AVENUE
CHICAGO, IL. 60614

Classification Numbers

License Number	6004733	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	46	113	0	13	48	0	220
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	46	113	0	13	48	0	220

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	75	0	0	0	75
Hawaiian/Pacific Isl.	1	0	0	0	1
White	120	0	0	0	120
Race Unknown	17	0	0	0	17
Total	220	0	0	0	220

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	20	0	0	0	20
Non-Hispanic	200	0	0	0	200
Ethnicity Unknown	0	0	0	0	0
Total	220	0	0	0	220

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	20.00
Certified Aides	77.00
Other Health Staff	26.00
Non-Health Staff	87.00
Totals	243.00

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
37.6%	31.8%	2.8%	12.9%	14.9%	100.0%		
8,679,090	7,328,578	645,581	2,981,293	3,444,374	23,078,916	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

INTERNATIONAL NURSING & REHAB CENTER
4815 SOUTH WESTERN BLVD
CHICAGO, IL. 60609

Reference Numbers Facility ID 6014617
Health Service Area 006 Planning Service Area 603

Administrator
Meir Meystel

Contact Person and Telephone
Meir Meystel
773-927-4200

Date Completed
3/27/2014

Registered Agent Information
Fred Frankel
8131 N Monticello Ave
Skokie, IL 60076

Building		Reported Age
Building 1	Main Building	14
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	146
Total Admissions 2013	303
Total Discharges 2013	296
Residents on 12/31/2013	153

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	11
Endocrine/Metabolic	35
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	37
Mental Illness	0
Developmental Disability	0
Circulatory System	52
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	153

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 8

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	218	218	179	218	153	65	218	218
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	218	218	179	218	153	65	218	218

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	19908	25.0%	35025	44.0%	0	120	812	0	55865	70.2%	70.2%
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	19908	25.0%	35025	44.0%	0	120	812	0	55865	70.2%	70.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	6	7	0	0	0	0	0	0	6	7	13
60 to 64	8	5	0	0	0	0	0	0	8	5	13
65 to 74	21	16	0	0	0	0	0	0	21	16	37
75 to 84	19	27	0	0	0	0	0	0	19	27	46
85+	10	33	0	0	0	0	0	0	10	33	43
TOTALS	65	88	0	0	0	0	0	0	65	88	153

INTERNATIONAL NURSING & REHAB CENTER
4815 SOUTH WESTERN BLVD
CHICAGO, IL. 60609

Classification Numbers

License Number	6014617	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	109	0	1	5	0	153
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	38	109	0	1	5	0	153

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	83	0	0	0	83
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	153	0	0	0	153

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	53	0	0	0	53
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	3	0	0	0	3
Total	153	0	0	0	153

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	16.00
Certified Aides	45.00
Other Health Staff	3.00
Non-Health Staff	30.00
Totals	114.00

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
57.4%	40.3%	0.0%	0.7%	1.6%	100.0%		
7,994,286	5,616,804	0	97,031	223,472	13,931,593	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

IONA GLOS SPECIAL LIVING CENTER
50 SOUTH FAIRBANK STREET
ADDISON, IL. 60101

Reference Numbers Facility ID 6004782
Health Service Area 007 Planning Service Area 703

Administrator
Marianne Hickey-Scaccia

Contact Person and Telephone
Denise Rau
630-543-2440

Date Completed
3/17/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	100
Total Admissions 2013	4
Total Discharges 2013	6
Residents on 12/31/2013	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	98
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	98

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	100	100	100	100	98	2		100
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	100	100	98	2	0	100

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			365	1.0%	0	0	0	0	365	1.0%	1.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	365	1.0%	0	0	0	0	365	1.0%	1.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	9	4	0	0	9	4	13
45 to 59	0	0	0	0	29	25	0	0	29	25	54
60 to 64	0	0	0	0	10	10	0	0	10	10	20
65 to 74	0	0	0	0	5	3	0	0	5	3	8
75 to 84	0	0	0	0	3	0	0	0	3	0	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	56	42	0	0	56	42	98

IONA GLOS SPECIAL LIVING CENTER
50 SOUTH FAIRBANK STREET
ADDISON, IL. 60101

Classification Numbers

License Number	6004782	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		98	0	0	0	0	98
Sheltered Care			0	0	0	0	0
TOTALS	0	98	0	0	0	0	98

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	3	0	3
American Indian	0	0	0	0	0
Black	0	0	12	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	83	0	83
Race Unknown	0	0	0	0	0
Total	0	0	98	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	95	0	95
Ethnicity Unknown	0	0	0	0	0
Total	0	0	98	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	7.00
Certified Aides	70.00
Other Health Staff	1.00
Non-Health Staff	27.00
Totals	115.00

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
0.0%	82.8%	1.5%	0.0%	15.7%	100.0%		
0	4,783,964	83,798	0	909,477	5,777,239	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

IROQUOIS RESIDENT HOME
200 FAIRMAN AVENUE
WATSEKA, IL. 60970

Reference Numbers Facility ID 6004790
Health Service Area 004 Planning Service Area 075

Administrator
Tom McCann

Contact Person and Telephone
JANET BURTON
815-432-7970

Date Completed
3/31/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	32
Total Admissions 2013	82
Total Discharges 2013	79
Residents on 12/31/2013	35

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	34

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	44	35	35	35	34	10	35	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	44	35	35	35	34	10	35	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1633	12.8%	0	0.0%	0	19	9458	0	11110	69.2%	87.0%
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	1633	12.8%	0	0.0%	0	19	9458	0	11110	69.2%	87.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	7	16	0	0	0	0	0	0	7	16	23
TOTALS	10	24	0	0	0	0	0	0	10	24	34

IROQUOIS RESIDENT HOME
200 FAIRMAN AVENUE
WATSEKA, IL. 60970

Classification Numbers

License Number	6004790	
Health Service Area	004	
Planning Service Area	075	Iroquois

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	0	0	0	31	0	34
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	0	0	0	31	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	34	0	0	0	34

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	34	0	0	0	34
Ethnicity Unknown	0	0	0	0	0
Total	34	0	0	0	34

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	3.02
LPN's	6.05
Certified Aides	14.58
Other Health Staff	0.00
Non-Health Staff	2.82
Totals	27.57

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%	0.0%	0.0%	0.3%	99.7%	100.0%		
598	0	0	5,789	1,850,880	1,857,267	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ISLAND CITY REHABILITATION CENTER
555 W KAHLER ROAD
WILMINGTON, IL. 60481

Reference Numbers Facility ID 6008312
Health Service Area 009 Planning Service Area 197

Administrator
JODI JUDE

Contact Person and Telephone
JODI JUDE
815-476-2200

Date Completed
4/4/2014

Registered Agent Information
FRED FRANKEL
8131 N. MONTICELLO AVE
Skokie, IL 60076

Building		Reported Age
Building 1	MAIN BUILDING	41
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	161
Total Admissions 2013	126
Total Discharges 2013	125
Residents on 12/31/2013	162

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	51
Mental Illness	81
Developmental Disability	2
Circulatory System	12
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	162

Total Residents Diagnosed as Mentally Ill 91

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	171	171	171	171	162	9	80	171
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	171	171	171	171	162	9	80	171

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4518	15.5%	48341	77.5%	2616	12	3643	0	59130	94.7%	94.7%
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	4518	15.5%	48341	77.5%	2616	12	3643	0	59130	94.7%	94.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	8	0	0	0	0	0	0	12	8	20
45 to 59	44	19	0	0	0	0	0	0	44	19	63
60 to 64	17	6	0	0	0	0	0	0	17	6	23
65 to 74	16	7	0	0	0	0	0	0	16	7	23
75 to 84	10	10	0	0	0	0	0	0	10	10	20
85+	1	12	0	0	0	0	0	0	1	12	13
TOTALS	100	62	0	0	0	0	0	0	100	62	162

ISLAND CITY REHABILITATION CENTER
555 W KAHLER ROAD
WILMINGTON, IL. 60481

Classification Numbers

License Number	6008312	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	138	0	0	12	0	162
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	138	0	0	12	0	162

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pacific Isl.	0	0	0	0	0
White	130	0	0	0	130
Race Unknown	7	0	0	0	7
Total	162	0	0	0	162

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	155	0	0	0	155
Ethnicity Unknown	0	0	0	0	0
Total	162	0	0	0	162

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	13.00
Certified Aides	39.00
Other Health Staff	2.00
Non-Health Staff	39.00
Totals	104.00

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
15.2%	64.5%	0.0%	1.7%	18.7%	100.0%		
1,109,086	4,717,278	0	124,953	1,366,169	7,317,486	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

JACKSON SQUARE NURSING & REHAB CTR
5130 WEST JACKSON BOULEVARD
CHICAGO, IL. 60644

Reference Numbers Facility ID 6004832
Health Service Area 006 Planning Service Area 602

Administrator
KENAN WEEKLEY

Contact Person and Telephone
Lesa Jagusch

Date Completed
3/4/2014

Registered Agent Information
ABE STERN
191 N. Wacker Dr. #1800
Chicago, IL 60606

Building		Reported Age
Building 1	JACKSON SQUARE NURSING	54
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	211
Total Admissions 2013	309
Total Discharges 2013	308
Residents on 12/31/2013	212

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	23
Blood Disorders	9
*Nervous System Non Alzheimer	20
Alzheimer Disease	33
Mental Illness	0
Developmental Disability	3
Circulatory System	30
Respiratory System	30
Digestive System	30
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	212

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	234	228	226	228	212	22	234	234
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	234	228	226	228	212	22	234	234

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8328	9.8%	58175	68.1%	1405	0	284	0	68192	79.8%	81.9%
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	8328	9.8%	58175	68.1%	1405	0	284	0	68192	79.8%	81.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	0	0	0	0	1	2	3
45 to 59	33	19	0	0	0	0	0	0	33	19	52
60 to 64	20	11	0	0	0	0	0	0	20	11	31
65 to 74	30	16	0	0	0	0	0	0	30	16	46
75 to 84	23	15	0	0	0	0	0	0	23	15	38
85+	8	34	0	0	0	0	0	0	8	34	42
TOTALS	115	97	0	0	0	0	0	0	115	97	212

JACKSON SQUARE NURSING & REHAB CTR
5130 WEST JACKSON BOULEVARD
CHICAGO, IL. 60644

Classification Numbers

License Number	6004832	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	184	5	0	1	0	212
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	184	5	0	1	0	212

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	190	0	0	0	190
Hawaiian/Pacific Isl.	0	0	0	0	0
White	22	0	0	0	22
Race Unknown	0	0	0	0	0
Total	212	0	0	0	212

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	202	0	0	0	202
Ethnicity Unknown	0	0	0	0	0
Total	212	0	0	0	212

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	25.00
Certified Aides	61.00
Other Health Staff	10.00
Non-Health Staff	37.00
Totals	149.00

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
12.3%	76.8%	10.7%	0.0%	0.2%	100.0%		
1,430,130	8,971,343	1,254,363	0	18,392	11,674,228	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

JACKSONVILLE SKILLED NURS & REHAB
1517 WEST WALNUT STREET
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6004840
Health Service Area 003 Planning Service Area 137

Administrator
JENNIFER HUBBERT

Contact Person and Telephone
JENNIFER HUBBERT
217-243-6451

Date Completed
3/27/2014

Registered Agent Information

Building		Reported Age
Building 1	JACKSONVILLE SKILLED-MAI	41
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	74
Total Admissions 2013	126
Total Discharges 2013	119
Residents on 12/31/2013	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	7
Mental Illness	1
Developmental Disability	0
Circulatory System	26
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	12
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	88	88	86	88	81	7	27	88
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	88	88	86	88	81	7	27	88

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5019	50.9%	14419	44.9%	0	164	9449	0	29051	90.4%	90.4%
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	5019	50.9%	14419	44.9%	0	164	9449	0	29051	90.4%	90.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	9	16	0	0	0	0	0	0	9	16	25
85+	8	41	0	0	0	0	0	0	8	41	49
TOTALS	20	61	0	0	0	0	0	0	20	61	81

JACKSONVILLE SKILLED NURS & REHAB
1517 WEST WALNUT STREET
JACKSONVILLE, IL. 62650

Classification Numbers

License Number	6004840	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	41	0	1	25	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	41	0	1	25	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	151	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	14.00
Certified Aides	35.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	75.00

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
48.1%	26.1%	0.0%	0.9%	24.9%	100.0%		
2,747,025	1,491,821	0	53,185	1,424,402	5,716,433	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

JAMES R. THOMPSON HOUSE
805 EAST JOHNS STREET
DECATUR, IL. 62521

Reference Numbers Facility ID 6004873
Health Service Area 004 Planning Service Area 115

Administrator
PAM ROSENKRANZ

Contact Person and Telephone
Brooke Brenner
217-422-4725

Date Completed
4/2/2014

Registered Agent Information
E. ROBERT ANDERSON
1204 N MAIN ST, PO BOX 10
Paris, IL 61944

Building		Reported Age
Building 1	JAMES R THOMPSON HOUSE	28
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	1
Total Discharges 2013	2
Residents on 12/31/2013	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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	13

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	13	3		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	13	3	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4824	#Div/0!	0	0	0	0	4824	82.6%	82.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4824	0.0%	0	0	0	0	4824	82.6%	82.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	1	0	0	3	1	4
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	1	0	0	1	1	2
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	7	6	0	0	7	6	13

JAMES R. THOMPSON HOUSE
805 EAST JOHNS STREET
DECATUR, IL. 62521

Classification Numbers

License Number	6004873	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	119	119
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.13
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.19
LPN's	0.00
Certified Aides	6.30
Other Health Staff	1.00
Non-Health Staff	0.41
Totals	8.03

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%	84.0%	0.0%	0.0%	16.0%	100.0%		
0	485,845	0	0	92,214	578,059	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

JENNINGS TERRACE
275 SOUTH LASALLE
AURORA, IL. 60505

Reference Numbers Facility ID 6004899
Health Service Area 008 Planning Service Area 089

Administrator
David F. Scarpetta

Contact Person and Telephone
DAVID F. SCARPETTA
630-897-6947 Ext 13

Date Completed
4/3/2014

Registered Agent Information
James E. Cheatham
275 South LaSalle Street
Aurora, IL 60505

Building	Reported Age
Building 1 Jennings Terrace	54
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	119
Total Admissions 2013	153
Total Discharges 2013	184
Residents on 12/31/2013	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	9
Mental Illness	2
Developmental Disability	0
Circulatory System	18
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	25
Non-Medical Conditions	1
TOTALS	88

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	60	55	60	43	17	0	8
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	103	103	68	103	45	58		
TOTAL BEDS	163	163	123	163	88	75	0	8

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	2734	93.6%	0	0	14353	0	17087	78.0%	78.0%
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	22965	0	22965	61.1%	61.1%
TOTALS	0	0.0%	2734	93.6%	0	0	37318	0	40052	67.3%	67.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	2	1	3	1	4
60 to 64	0	0	0	0	0	0	2	0	2	0	2
65 to 74	3	1	0	0	0	0	2	3	5	4	9
75 to 84	2	4	0	0	0	0	3	8	5	12	17
85+	8	24	0	0	0	0	4	20	12	44	56
TOTALS	14	29	0	0	0	0	13	32	27	61	88

JENNINGS TERRACE
275 SOUTH LASALLE
AURORA, IL. 60505

Classification Numbers

License Number	6004899	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	6	0	0	37	0	43
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	45	0	45
TOTALS	0	6	0	0	82	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	184
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	42	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	45	88
Race Unknown	0	0	0	0	0
Total	43	0	0	45	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	1	1
Non-Hispanic	43	0	0	44	87
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	45	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	7.00
Certified Aides	26.00
Other Health Staff	15.00
Non-Health Staff	22.50
Totals	78.50

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%	7.3%	0.0%	0.0%	92.7%	100.0%		
0	269,971	0	0	3,422,514	3,692,485	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

JERSEYVILLE MANOR
1251 NORTH STATE STREET
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6013312
Health Service Area 003 Planning Service Area 083

Administrator
Dana Bainter

Contact Person and Telephone
DANA BAINTER
618-498-6441

Date Completed
3/19/2014

Registered Agent Information
Mike Bibo
285 S Farnham
Galesburg, IL 61401

Building		Reported Age
Building 1	Jerseyville Manor	22
Building 2	Bounce Back/Garden Court	4
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	117
Total Admissions 2013	180
Total Discharges 2013	173
Residents on 12/31/2013	124

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	19
Mental Illness	3
Developmental Disability	0
Circulatory System	22
Respiratory System	14
Digestive System	5
Genitourinary System Disorders	11
Skin Disorders	4
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	124

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	160	160	132	160	124	36	160	160
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	160	160	132	160	124	36	160	160

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6625	11.3%	23636	40.5%	1505	0	12195	0	43961	75.3%	75.3%
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	6625	11.3%	23636	40.5%	1505	0	12195	0	43961	75.3%	75.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	7	33	0	0	0	0	0	0	7	33	40
85+	16	52	0	0	0	0	0	0	16	52	68
TOTALS	31	93	0	0	0	0	0	0	31	93	124

JERSEYVILLE MANOR
1251 NORTH STATE STREET
JERSEYVILLE, IL. 62052

Classification Numbers

License Number	6013312	
Health Service Area	003	
Planning Service Area	083	Jersey

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	59	0	0	47	0	124
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	59	0	0	47	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	122	0	0	0	122
Race Unknown	0	0	0	0	0
Total	124	0	0	0	124

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	124	0	0	0	124
Ethnicity Unknown	0	0	0	0	0
Total	124	0	0	0	124

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	8.00
Certified Aides	61.00
Other Health Staff	0.00
Non-Health Staff	39.00
Totals	126.00

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
37.9%	37.3%	2.1%	0.0%	22.6%	100.0%		
3,724,472	3,669,592	208,367	0	2,224,968	9,827,399	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

JERSEYVILLE NSG & REHAB CENTER
1001 SOUTH STATE STREET
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6004907
Health Service Area 003 Planning Service Area 083

Administrator
Suzanne Boston

Contact Person and Telephone
AMY ELIK
618-465-7717

Date Completed
3/18/2014

Registered Agent Information
Mark Weible
1001 South State St.
Jerseyville, IL 62052

Life Care Facility

Building		Reported Age
Building 1	Original Building	40
Building 2	400 Wing addition	13
Building 3	400 South Wing addition	4
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	101
Total Admissions 2013	111
Total Discharges 2013	124
Residents on 12/31/2013	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	9
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	111	111	101	111	88	23	111	111
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	111	111	101	111	88	23	111	111

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5038	12.4%	13405	33.1%	1083	0	13835	0	33361	82.3%	82.3%
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	5038	12.4%	13405	33.1%	1083	0	13835	0	33361	82.3%	82.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	7	19	0	0	0	0	0	0	7	19	26
85+	11	42	0	0	0	0	0	0	11	42	53
TOTALS	23	65	0	0	0	0	0	0	23	65	88

JERSEYVILLE NSG & REHAB CENTER
1001 SOUTH STATE STREET
JERSEYVILLE, IL. 62052

Classification Numbers

License Number	6004907	
Health Service Area	003	
Planning Service Area	083	Jersey

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	33	1	0	42	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	33	1	0	42	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	8.00
Certified Aides	42.00
Other Health Staff	2.00
Non-Health Staff	32.00
Totals	94.00

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
38.6%	27.3%	2.2%	0.0%	31.8%	100.0%		
2,405,998	1,703,607	138,157	0	1,982,785	6,230,547	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

JOHN C PROCTOR ENDOWMENT HOME
2724 WEST RESERVOIR BLVD
PEORIA, IL. 61615

Reference Numbers Facility ID 6007611
Health Service Area 002 Planning Service Area 143

Administrator
DONNA J MOLONE

Contact Person and Telephone
DONNA J. MALONE
309-685-6580

Date Completed
4/1/2014

Registered Agent Information

Building		Reported Age
Building 1	Skilled Nursing Unit	15
Building 2	The Heights - Independent Livin	40
Building 3	The Garden View Apts - Indepe	30
Building 4	The Centennial Apts - Independ	8
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	48
Total Admissions 2013	103
Total Discharges 2013	103
Residents on 12/31/2013	48

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	48

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	59	59	56	59	48	11	59	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	59	59	56	59	48	11	59	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	15031	3758	18789	87.2%	87.2%
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	0	0.0%	0	0.0%	0	0	15031	3758	18789	87.2%	87.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	3	0	0	0	0	0	0	1	3	4
85+	5	39	0	0	0	0	0	0	5	39	44
TOTALS	6	42	0	0	0	0	0	0	6	42	48

JOHN C PROCTOR ENDOWMENT HOME
2724 WEST RESERVOIR BLVD
PEORIA, IL. 61615

Classification Numbers

License Number	6007611	
Health Service Area	002	
Planning Service Area	143	Peoria

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	37	11	48
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	37	11	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	48	0	0	0	48
Total	48	0	0	0	48

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.10
LPN's	7.50
Certified Aides	22.90
Other Health Staff	3.00
Non-Health Staff	0.00
Totals	42.50

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%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	2,189,390	2,189,390	440,533	20.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

JOLIET TERRACE
2230 MCDONOUGH
JOLIET, IL. 60436

Reference Numbers Facility ID 6004964
Health Service Area 009 Planning Service Area 197

Administrator
DIANE CALDERONE

Contact Person and Telephone
DIANE CALDERONE
815-729-3801

Date Completed
4/4/2014

Registered Agent Information
TM MANAGEMENT
1S443 SUMMIT
Oakbrook Terrace, IL 60181

Building		Reported Age
Building 1	JT CARE LLC.	41
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	114
Total Admissions 2013	68
Total Discharges 2013	66
Residents on 12/31/2013	116

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	115
Developmental Disability	0
Circulatory System	2
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	117

Total Residents Diagnosed as Mentally Ill 117

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	120	120	117	3	0	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	120	120	117	3	0	120

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	28098	64.2%	0	0	945	0	29043	66.3%	66.3%
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	0	0.0%	28098	64.2%	0	0	945	0	29043	66.3%	66.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	18	9	0	0	0	0	0	0	18	9	27
45 to 59	36	12	0	0	0	0	0	0	36	12	48
60 to 64	10	10	0	0	0	0	0	0	10	10	20
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	0	4	0	0	0	0	0	0	0	4	4
85+	2	0	0	0	0	0	0	0	2	0	2
TOTALS	72	45	0	0	0	0	0	0	72	45	117

JOLIET TERRACE
2230 MCDONOUGH
JOLIET, IL. 60436

Classification Numbers

License Number	6004964	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	115	0	0	2	0	117
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	115	0	0	2	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	131	98
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	30	0	0	0	30
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	3	0	0	0	3
Total	117	0	0	0	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	6.00
Certified Aides	24.00
Other Health Staff	5.00
Non-Health Staff	47.00
Totals	89.00

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
0.0%	96.9%	0.0%	0.0%	3.1%	100.0%		
0	3,940,753	0	0	126,544	4,067,297	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	6/27/2012	Formerly 'Joliet Terrace'.
CHOW	6/27/2012	Change of ownership occurred.

JONESBORO REHAB & HLTHCARE CTR
ROUTE 127 SOUTH P.O. BOX B
JONESBORO, IL. 62952

Reference Numbers Facility ID 6005433
Health Service Area 005 Planning Service Area 181

Administrator
Daniel Hyson

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/4/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Jonesboro RHCC/Nursing Home	47
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	56
Total Admissions 2013	45
Total Discharges 2013	50
Residents on 12/31/2013	51

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	4
Mental Illness	4
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	15
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	51

Total Residents Diagnosed as Mentally Ill 25

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	77	76	67	76	51	26	19	77
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	77	76	67	76	51	26	19	77

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2483	35.8%	14753	52.5%	93	122	2807	0	20258	72.1%	73.0%
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	2483	35.8%	14753	52.5%	93	122	2807	0	20258	72.1%	73.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	4	11	0	0	0	0	0	0	4	11	15
85+	5	18	0	0	0	0	0	0	5	18	23
TOTALS	17	34	0	0	0	0	0	0	17	34	51

JONESBORO REHAB & HLTHCARE CTR
ROUTE 127 SOUTH P.O. BOX B
JONESBORO, IL. 62952

Classification Numbers

License Number	6005433	
Health Service Area	005	
Planning Service Area	181	Union

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	37	0	0	9	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	37	0	0	9	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	132	122
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	0	51

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	57.00

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
36.0%	52.3%	0.0%	0.9%	10.8%	100.0%		
1,127,040	1,639,424	0	29,682	337,316	3,133,462	247	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

JOSHUA MANOR
120 WEST LOCUST STREET
HOYLETON, IL. 62803

Reference Numbers Facility ID 6012058
Health Service Area 005 Planning Service Area 189

Administrator
Melissa A. Reed

Contact Person and Telephone
Jessica Rosales
708-283-1530 Ext. 303

Date Completed
3/25/2014

Registered Agent Information
John Mirecki
3615 Park Drive, Suite 100
Olympia Fields, IL 60461

Building		Reported Age
Building 1	Joshua Manor Residential Facilit	23
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	13
Total Admissions 2013	2
Total Discharges 2013	3
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	13	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	13	16	12	4	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4325	74.1%	0	0	0	0	4325	74.1%	74.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4325	74.1%	0	0	0	0	4325	74.1%	74.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	1	0	1
45 to 59	0	0	0	0	4	2	0	0	4	2	6
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	5	0	0	7	5	12

JOSHUA MANOR
120 WEST LOCUST STREET
HOYLETON, IL. 62803

Classification Numbers

License Number	6012058	
Health Service Area	005	
Planning Service Area	189	Washington

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	130	120
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	1.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	443,152	0	0	0	443,152	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

KANKAKEE COURT
260 SOUTH CHICAGO AVENUE
KANAKKEE, IL. 60901

Reference Numbers Facility ID 6013874
Health Service Area 009 Planning Service Area 091

Administrator
Jennifer Allsopp

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Kankakee Court	19
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			1459	99.9%	0	0	0	0	1459	99.9%	99.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1459	99.9%	0	0	0	0	1459	99.9%	99.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	1	0	1
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	4	0	0	0	4	0	4

KANKAKEE COURT
260 SOUTH CHICAGO AVENUE
KANAKKEE, IL. 60901

Classification Numbers

License Number	6013874	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	231
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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	319,531	0	0	0	319,531	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

KANTHAK HOUSE
724 SECOND AVENUE
OTTAWA, IL. 61350

Reference Numbers Facility ID 6013270
Health Service Area 002 Planning Service Area 099

Administrator
Kim Kersmarki

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Kanthak House	21
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	13
Total Admissions 2013	3
Total Discharges 2013	2
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	14	2		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	14	2	0	15

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			3580	65.4%	0	0	0	0	3580	61.3%	61.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3580	65.4%	0	0	0	0	3580	61.3%	61.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	4	0	0	3	4	7
45 to 59	0	0	0	0	4	0	0	0	4	0	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	2	0	0	0	2	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	6	0	0	8	6	14

KANTHAK HOUSE
724 SECOND AVENUE
OTTAWA, IL. 61350

Classification Numbers

License Number	6013270	
Health Service Area	002	
Planning Service Area	099	LaSalle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	122
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	634,004	0	0	0	634,004	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

KENSINGTON PLACE NURSING AND REHAB CNT
3405 SOUTH MICHIGAN AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID 6006126
Health Service Area 006 Planning Service Area 603

Administrator
DAVID MASHIACH

Contact Person and Telephone
DAVID MASHIACH
312-791-0035

Date Completed
3/31/2014

Registered Agent Information
DAVID ARONIN
2201 MAIN STREET
Evanston, IL 60202

Building		Reported Age
Building 1	KENSINGTON PLACE NURSIN	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	129
Total Admissions 2013	129
Total Discharges 2013	68
Residents on 12/31/2013	190

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	8
Blood Disorders	4
*Nervous System Non Alzheimer	6
Alzheimer Disease	39
Mental Illness	46
Developmental Disability	3
Circulatory System	32
Respiratory System	10
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	152

Total Residents Diagnosed as Mentally Ill 70

Total Residents Reported as Identified Offenders 33

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	155	155	144	155	134	21	155	155
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	155	155	144	155	134	21	155	155

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4207	7.4%	45098	79.7%	1026	0	191	0	50522	89.3%	89.3%
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	4207	7.4%	45098	79.7%	1026	0	191	0	50522	89.3%	89.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	4	0	0	0	0	0	0	4	4	8
45 to 59	31	8	0	0	0	0	0	0	31	8	39
60 to 64	15	8	0	0	0	0	0	0	15	8	23
65 to 74	26	10	0	0	0	0	0	0	26	10	36
75 to 84	9	4	0	0	0	0	0	0	9	4	13
85+	9	6	0	0	0	0	0	0	9	6	15
TOTALS	94	40	0	0	0	0	0	0	94	40	134

KENSINGTON PLACE NURSING AND REHAB CNT
3405 SOUTH MICHIGAN AVENUE
CHICAGO, IL. 60616

Classification Numbers

License Number	6006126	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	119	5	0	0	0	134
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	119	5	0	0	0	134

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	126
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	115	0	0	0	115
Hawaiian/Pacific Isl.	0	0	0	0	0
White	18	0	0	0	18
Race Unknown	0	0	0	0	0
Total	134	0	0	0	134

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	125	0	0	0	125
Ethnicity Unknown	6	0	0	0	6
Total	134	0	0	0	134

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	5.00
LPN's	12.00
Certified Aides	36.00
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	92.00

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
20.5%	78.2%	1.0%	0.0%	0.3%	100.0%		
1,439,019	5,496,145	73,544	1,916	17,800	7,028,424	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

KEPLEY HOUSE
408 EAST WASHINGTON
PITTSFIELD, IL. 62363

Reference Numbers Facility ID 6010920
Health Service Area 003 Planning Service Area 013

Administrator
Marcia Ford

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Kepley House	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	2
Total Discharges 2013	4
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5594	95.8%	0	0	0	0	5594	95.8%	95.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5594	95.8%	0	0	0	0	5594	95.8%	95.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	6	0	0	0	6	6
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	3	0	0	0	3	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	2	12	0	0	2	12	14

KEPLEY HOUSE
408 EAST WASHINGTON
PITTSFIELD, IL. 62363

Classification Numbers

License Number	6010920	
Health Service Area	003	
Planning Service Area	013	Calhoun/Pike

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	118
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	678,920	0	0	0	678,920	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

KEWANEE CARE
144 JUNIOR AVENUE
KEWANEE, IL. 61443

Reference Numbers Facility ID 6005011
Health Service Area 010 Planning Service Area 073

Administrator
Michelle Young

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/26/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Kewanee Care Home/Nursing H	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	66
Total Admissions 2013	157
Total Discharges 2013	158
Residents on 12/31/2013	65

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	65

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	84	84	65	84	65	19	27	84
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	84	84	65	84	65	19	27	84

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2322	23.6%	9335	30.4%	3113	488	6406	0	21664	70.7%	70.7%
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	2322	23.6%	9335	30.4%	3113	488	6406	0	21664	70.7%	70.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	13	42	0	0	0	0	0	0	13	42	55
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	18	47	0	0	0	0	0	0	18	47	65

KEWANEE CARE
144 JUNIOR AVENUE
KEWANEE, IL. 61443

Classification Numbers

License Number	6005011	
Health Service Area	010	
Planning Service Area	073	Henry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	36	0	1	21	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	36	0	1	21	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	138
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	12.00
Certified Aides	29.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	48.00

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
28.3%	42.9%	0.0%	3.1%	25.7%	100.0%		
995,405	1,509,978	0	109,550	903,265	3,518,198	1,772	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

KING-BRUWAERT HOUSE
6101 S. COUNTY LINE ROAD
BURR RIDGE, IL. 60527

Reference Numbers Facility ID 6005037
Health Service Area 007 Planning Service Area 705

Administrator
Carl Baker

Contact Person and Telephone
CARL BAKER
630-230-9502

Date Completed
4/2/2014

Registered Agent Information

Continuing Care Retirement Community
Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	87
Total Admissions 2013	42
Total Discharges 2013	44
Residents on 12/31/2013	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	41
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	49	46	49	40	9	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	76	55	49	55	45	31		
TOTAL BEDS	125	104	95	104	85	40	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	11687	3285	14972	83.7%	83.7%
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	11580	3285	14865	53.6%	74.0%
TOTALS	0	0.0%	0	0.0%	0	0	23267	6570	29837	65.4%	78.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	3	4	0	0	0	0	1	5	4	9	13
85+	7	26	0	0	0	0	8	31	15	57	72
TOTALS	10	30	0	0	0	0	9	36	19	66	85

KING-BRUWAERT HOUSE
6101 S. COUNTY LINE ROAD
BURR RIDGE, IL. 60527

Classification Numbers

License Number	6005037	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	31	9	40
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	36	9	45
TOTALS	0	0	0	0	67	18	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	301	266
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	218	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	45	85
Race Unknown	0	0	0	0	0
Total	40	0	0	45	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	40	0	0	45	85
Ethnicity Unknown	0	0	0	0	0
Total	40	0	0	45	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	2.00
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	65.00
Totals	128.00

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	6,252,509	6,252,509	1,247,585	20.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

KNIGHT HOUSE
6600 SOUTH STEWART
CHICAGO, IL. 60621

Reference Numbers Facility ID 6005052
Health Service Area 006 Planning Service Area 603

Administrator
Linda Darling

Contact Person and Telephone
Linda Darling
773-918-6209

Date Completed
3/10/2014

Registered Agent Information
Adrienne Golembiewski
1359 West Washington Blvd.
Chicago, IL 60607

Building	Reported Age
Building 1 Knight House	28
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	14	15	14	1		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	14	15	14	1	0	15

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5110	93.3%	0	0	0	0	5110	93.3%	93.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	93.3%	0	0	0	0	5110	93.3%	93.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	0	0	0	4	0	4
45 to 59	0	0	0	0	8	0	0	0	8	0	8
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	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	1	0	0	0	1	0	1
TOTALS	0	0	0	0	14	0	0	0	14	0	14

KNIGHT HOUSE
6600 SOUTH STEWART
CHICAGO, IL. 60621

Classification Numbers

License Number	6005052	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	123	123
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	11	0	11
Hawaiian/Pacific Isl.	0	0	2	0	2
White	0	0	0	0	0
Race Unknown	0	0	1	0	1
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	14.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	596,589	0	0	0	596,589	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

KNOX COUNTY NURSING HOME
800 NORTH MARKET STREET
KNOXVILLE, IL. 61448

Reference Numbers Facility ID 6005060
Health Service Area 002 Planning Service Area 095

Administrator
Rachel Kehr

Contact Person and Telephone
Rachel Kehr
309-289-2338

Date Completed
4/2/2014

Registered Agent Information

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	0
Circulatory System	60
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	138

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

Building		Reported Age
Building 1	Knox County Nursing Facility	50
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	132
Total Admissions 2013	94
Total Discharges 2013	88
Residents on 12/31/2013	138

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	169	160	146	160	138	31	169	157
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	169	160	146	160	138	31	169	157

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3860	6.3%	26488	46.2%	0	2526	17043	0	49917	80.9%	85.5%
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	3860	6.3%	26488	46.2%	0	2526	17043	0	49917	80.9%	85.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	8	11	0	0	0	0	0	0	8	11	19
75 to 84	19	20	0	0	0	0	0	0	19	20	39
85+	12	60	0	0	0	0	0	0	12	60	72
TOTALS	44	94	0	0	0	0	0	0	44	94	138

KNOX COUNTY NURSING HOME
800 NORTH MARKET STREET
KNOXVILLE, IL. 61448

Classification Numbers

License Number	6005060	
Health Service Area	002	
Planning Service Area	095	Knox

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	79	0	3	50	0	138
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	79	0	3	50	0	138

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	173	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	0	0	0	0	0
Total	138	0	0	0	138

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	137	0	0	0	137
Ethnicity Unknown	0	0	0	0	0
Total	138	0	0	0	138

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	26.00
Certified Aides	76.00
Other Health Staff	17.00
Non-Health Staff	36.00
Totals	168.00

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
14.7%	34.8%	14.7%	5.8%	30.0%	100.0%		
1,173,233	2,772,871	1,176,055	460,963	2,391,262	7,974,384	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

KRYPTON
502 WEST 8TH STREET P.O. 709
METROPOLIS, IL. 62960

Reference Numbers Facility ID 6005110
Health Service Area 005 Planning Service Area 087

Administrator
JAMES A. KELLER

Contact Person and Telephone
JOSH ALLEY
618-713-8270

Date Completed
4/3/2013

Registered Agent Information
JOHN RENDLEMAN
2001 WEST MAIN STREET, PO BOX 1570
Carbondale, IL 62906

Building	Reported Age
Building 1 KRYPTON, INC	30
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	3
Total Discharges 2013	6
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	12	4	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5318	91.1%	0	0	0	0	5318	91.1%	91.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5318	91.1%	0	0	0	0	5318	91.1%	91.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	3	0	0	2	3	5
45 to 59	0	0	0	0	0	3	0	0	0	3	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	2	0	0	0	2	0	2
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	5	7	0	0	5	7	12

KRYPTON
502 WEST 8TH STREET P.O. 709
METROPOLIS, IL. 62960

Classification Numbers

License Number	6005110	
Health Service Area	005	
Planning Service Area	087	Johnson/Massac

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	105	96
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.10
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.50
Certified Aides	12.00
Other Health Staff	1.00
Non-Health Staff	0.50
Totals	14.60

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%	76.5%	23.2%	0.0%	0.3%	100.0%		
0	382,867	116,024	0	1,272	500,163	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

KT CARE, LLC dba KANKAKEE TERRACE
100 BELLE AIRE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6004972
Health Service Area 009 Planning Service Area 091

Administrator
carolyn sue bessette

Contact Person and Telephone
carolyn sue bessette
815-939-0910

Date Completed
4/4/2014

Registered Agent Information
Tom Hein
1S443 Summit Avenue
Oakbrook Terrace, IL 60181

Building		Reported Age
Building 1	building 0102	42
Building 2	building 0202	17
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	128
Total Admissions 2013	63
Total Discharges 2013	58
Residents on 12/31/2013	133

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	133
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	133

Total Residents Diagnosed as Mentally Ill 133

Total Residents Reported as Identified Offenders 18

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	146	146	145	146	133	13	146	146
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	146	146	145	146	133	13	146	146

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	47215	88.6%	1951	0	533	0	49699	93.3%	93.3%
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	0	0.0%	47215	88.6%	1951	0	533	0	49699	93.3%	93.3%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	17	10	0	0	0	0	0	0	17	10	27
45 to 59	46	19	0	0	0	0	0	0	46	19	65
60 to 64	6	8	0	0	0	0	0	0	6	8	14
65 to 74	14	5	0	0	0	0	0	0	14	5	19
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	85	48	0	0	0	0	0	0	85	48	133

KT CARE, LLC dba KANKAKEE TERRACE
100 BELLE AIRE
BOURBONNAIS, IL. 60914

Classification Numbers

License Number	6004972	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	127	5	0	1	0	133
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	127	5	0	1	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	112
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	36	0	0	0	36
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	133	0	0	0	133

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	0	0	0	0	0
Total	133	0	0	0	133

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	13.00
Certified Aides	26.00
Other Health Staff	12.00
Non-Health Staff	28.00
Totals	83.00

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
0.0%	94.4%	4.4%	0.0%	1.2%	100.0%		
0	5,195,205	241,798	0	65,740	5,502,743	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	6/27/2012	Change of ownership occurred.
Name Change	6/27/2012	Formerly 'Kankakee Terrace'.

LAFAYETTE TERRACE
826 WEST LAFAYETTE
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013767
Health Service Area 003 Planning Service Area 137

Administrator
Suzanne McMillan

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Lafayette Terrace	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	6
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	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	1	0	0	0	1	0	1
TOTALS	0	0	0	0	4	2	0	0	4	2	6

LAFAYETTE TERRACE
826 WEST LAFAYETTE
JACKSONVILLE, IL. 62650

Classification Numbers

License Number	6013767	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	180
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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	396,862	0	0	0	396,862	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAHARPE DAVIER HEALTH CARE CTR
101 N. B ST. P.O. BOX 547
LAHARPE, IL. 61450

Reference Numbers Facility ID 6005128
Health Service Area 003 Planning Service Area 067

Administrator
Athena Brooks

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/4/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building	Reported Age
Building 1 LaHarpe Davier HCC/Nursing H	45
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	41
Total Admissions 2013	59
Total Discharges 2013	60
Residents on 12/31/2013	40

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	40

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	45	45	44	45	40	5	45	45
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	45	45	44	45	40	5	45	45

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1523	9.3%	5810	35.4%	569	184	6640	0	14726	89.7%	89.7%
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	1523	9.3%	5810	35.4%	569	184	6640	0	14726	89.7%	89.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	3	10	0	0	0	0	0	0	3	10	13
85+	4	17	0	0	0	0	0	0	4	17	21
TOTALS	11	29	0	0	0	0	0	0	11	29	40

LAHARPE DAVIER HEALTH CARE CTR
101 N. B ST. P.O. BOX 547
LAHARPE, IL. 61450

Classification Numbers

License Number	6005128	
Health Service Area	003	
Planning Service Area	067	Hancock

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	17	0	0	16	0	40
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	17	0	0	16	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	40	0	0	0	40

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
Total	40	0	0	0	40

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	4.00
Certified Aides	15.00
Other Health Staff	4.00
Non-Health Staff	11.00
Totals	38.00

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
35.0%	30.8%	0.0%	1.3%	33.0%	100.0%		
803,498	708,466	0	28,904	757,472	2,298,340	10,764	0.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAKE FOREST HOSPITAL
660 NORTH WESTMORELAND ROAD
LAKE FOREST, IL. 60045

Reference Numbers Facility ID 6005151
Health Service Area 008 Planning Service Area 097

Administrator
Thomas J McAfee

Contact Person and Telephone
Emily Geier
312-926-6461

Date Completed
4/3/2014

Registered Agent Information

Building		Reported Age
Building 1	Westmoreland Nursing Center	39
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	45
Total Admissions 2013	688
Total Discharges 2013	676
Residents on 12/31/2013	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	7
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	1
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	84	72	63	72	57	27	40	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	84	72	63	72	57	27	40	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7279	49.9%	0	0.0%	6	1984	9301	27	18597	60.7%	70.8%
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	7279	49.9%	0	0.0%	6	1984	9301	27	18597	60.7%	70.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	8	18	0	0	0	0	0	0	8	18	26
TOTALS	22	35	0	0	0	0	0	0	22	35	57

LAKE FOREST HOSPITAL
660 NORTH WESTMORELAND ROAD
LAKE FOREST, IL. 60045

Classification Numbers

License Number	6005151	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	0	0	0	34	0	57
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	0	0	0	34	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	715	283
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	2	0	0	0	2
Total	57	0	0	0	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.80
LPN's	0.00
Certified Aides	36.80
Other Health Staff	8.90
Non-Health Staff	2.10
Totals	76.60

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
48.4%	0.0%	0.0%	14.9%	36.7%	100.0%		
4,122,718	0	3,300	1,270,731	3,123,999	8,520,748	9,267	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Board Order	7/23/2012	Board reduced Nursing Care beds from 88 to 84.

LAKE FOREST PLACE
1101 PEMBRIDGE DRIVE
LAKE FOREST, IL. 60045

Reference Numbers Facility ID 6015457
Health Service Area 008 Planning Service Area 097

Administrator
Suzanne Venema

Contact Person and Telephone
SUZANNE VENEMA
847-604-6701

Date Completed
4/4/2014

Registered Agent Information
John Burns
3200 Grant Street
Evanston, IL 60201

Continuing Care Retirement Community
Life Care Facility

Building		Reported Age
Building 1	Independent Living	15
Building 2	Healthcare	15
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	46
Total Admissions 2013	355
Total Discharges 2013	357
Residents on 12/31/2013	44

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	44

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	63	63	63	50	44	19	50	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	63	63	63	50	44	19	50	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5932	32.5%	0	0.0%	0	0	11112	0	17044	74.1%	74.1%
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	5932	32.5%	0	0.0%	0	0	11112	0	17044	74.1%	74.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	2	8	0	0	0	0	0	0	2	8	10
85+	11	21	0	0	0	0	0	0	11	21	32
TOTALS	13	31	0	0	0	0	0	0	13	31	44

LAKE FOREST PLACE
1101 PEMBRIDGE DRIVE
LAKE FOREST, IL. 60045

Classification Numbers

License Number	6015457	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	0	0	0	27	0	44
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	0	0	0	27	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	425	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	44	0	0	0	44

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	43	0	0	0	43
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	0	44

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.40
Director of Nursing	1.00
Registered Nurses	18.80
LPN's	3.40
Certified Aides	29.50
Other Health Staff	5.00
Non-Health Staff	6.00
Totals	65.10

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
24.4%	0.0%	0.0%	0.0%	75.6%	100.0%		
1,094,530	0	0	0	3,392,229	4,486,759	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAKE PARK CENTER
919 WASHINGTON PARK
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6009807
Health Service Area 008 Planning Service Area 097

Administrator
R. Bryan Livings

Contact Person and Telephone
R. Bryan Livings
847-623-9100

Date Completed
3/18/2014

Registered Agent Information
Avrum Weinfeld, CEO
6865 Lincoln Avenue
Liincolnwood, IL 60085

Building		Reported Age
Building 1	Lake Park Center, 919 Washingt	35
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	203
Total Admissions 2013	44
Total Discharges 2013	58
Residents on 12/31/2013	189

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	188
Developmental Disability	1
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	189

Total Residents Diagnosed as Mentally Ill 189

Total Residents Reported as Identified Offenders 22

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	210	210	203	210	189	21	0	210
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	210	210	203	210	189	21	0	210

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	66644	86.9%	2190	0	789	0	69623	90.8%	90.8%
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	0	0.0%	66644	86.9%	2190	0	789	0	69623	90.8%	90.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	36	12	0	0	0	0	0	0	36	12	48
45 to 59	59	26	0	0	0	0	0	0	59	26	85
60 to 64	17	7	0	0	0	0	0	0	17	7	24
65 to 74	21	6	0	0	0	0	0	0	21	6	27
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	136	53	0	0	0	0	0	0	136	53	189

LAKE PARK CENTER
919 WASHINGTON PARK
WAUKEGAN, IL. 60085

Classification Numbers

License Number	6009807	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	180	6	0	3	0	189
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	180	6	0	3	0	189

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	33	0	0	0	33
Hawaiian/Pacific Isl.	2	0	0	0	2
White	147	0	0	0	147
Race Unknown	0	0	0	0	0
Total	189	0	0	0	189

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	16	0	0	0	16
Non-Hispanic	173	0	0	0	173
Ethnicity Unknown	0	0	0	0	0
Total	189	0	0	0	189

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	6.00
Certified Aides	39.00
Other Health Staff	12.00
Non-Health Staff	33.00
Totals	101.00

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
0.0%	94.3%	4.1%	0.0%	1.5%	100.0%		
0	6,655,159	292,293	0	108,120	7,055,572	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAKE SHORE HLTH CARE & REHAB
7200 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6005177
Health Service Area 006 Planning Service Area 601

Administrator
Pamela Lamb

Contact Person and Telephone
Pamela Lamb
773-973-7200

Date Completed
4/4/2014

Registered Agent Information
Stanley Klem
4600 W. Touhy Avenue, Suite 200
Liincolnwood, IL 60712

Building		Reported Age
Building 1	Lake Shore Health Care & Reha	50
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	239
Total Admissions 2013	603
Total Discharges 2013	605
Residents on 12/31/2013	237

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	29
Blood Disorders	2
*Nervous System Non Alzheimer	19
Alzheimer Disease	15
Mental Illness	34
Developmental Disability	0
Circulatory System	62
Respiratory System	17
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	8
Injuries and Poisonings	11
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	239

Total Residents Diagnosed as Mentally Ill 34

Total Residents Reported as Identified Offenders 12

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	313	299	249	299	239	74	313	313
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	313	299	249	299	239	74	313	313

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	590	0.5%	6071	5.3%	310	112	241	0	7324	6.4%	6.7%
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	590	0.5%	6071	5.3%	310	112	241	0	7324	6.4%	6.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	4	0	0	0	0	0	0	2	4	6
45 to 59	16	14	0	0	0	0	0	0	16	14	30
60 to 64	16	13	0	0	0	0	0	0	16	13	29
65 to 74	42	25	0	0	0	0	0	0	42	25	67
75 to 84	25	28	0	0	0	0	0	0	25	28	53
85+	19	35	0	0	0	0	0	0	19	35	54
TOTALS	120	119	0	0	0	0	0	0	120	119	239

LAKE SHORE HLTH CARE & REHAB
7200 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Classification Numbers

License Number	6005177	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	173	6	4	39	0	239
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	173	6	4	39	0	239

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	19	0	0	0	19
American Indian	0	0	0	0	0
Black	80	0	0	0	80
Hawaiian/Pacific Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	13	0	0	0	13
Total	239	0	0	0	239

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	227	0	0	0	227
Ethnicity Unknown	0	0	0	0	0
Total	239	0	0	0	239

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	24.00
Certified Aides	108.00
Other Health Staff	0.00
Non-Health Staff	51.00
Totals	202.00

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
32.2%	58.2%	0.8%	5.9%	2.9%	100.0%		
5,790,185	10,471,677	149,748	1,061,542	517,102	17,990,254	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAKEFRONT NURSING & REHAB CENTER
7618 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6005169
Health Service Area 006 Planning Service Area 601

Administrator
AHARON ADLER

Contact Person and Telephone
AHARON ADLER
773-743-7711

Date Completed
3/17/2014

Registered Agent Information
MEYER MAGENCE
4711 GOLF RD, SUITE 200
Skokie, IL 60076

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	97
Total Admissions 2013	51
Total Discharges 2013	50
Residents on 12/31/2013	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	69
Developmental Disability	0
Circulatory System	2
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 80

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	99	99	98	1	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	98	1	99	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1923	5.3%	31432	87.0%	971	0	299	0	34625	95.8%	95.8%
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	1923	5.3%	31432	87.0%	971	0	299	0	34625	95.8%	95.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	11	4	0	0	0	0	0	0	11	4	15
45 to 59	43	12	0	0	0	0	0	0	43	12	55
60 to 64	15	5	0	0	0	0	0	0	15	5	20
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	0	2	0	0	0	0	0	0	0	2	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	73	25	0	0	0	0	0	0	73	25	98

LAKEFRONT NURSING & REHAB CENTER
7618 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Classification Numbers

License Number	6005169	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	90	3	0	1	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	90	3	0	1	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	32	0	0	0	32
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	13.00
Certified Aides	32.00
Other Health Staff	6.00
Non-Health Staff	31.00
Totals	95.00

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
19.3%	77.4%	2.4%	0.0%	0.9%	100.0%		
1,099,083	4,405,679	138,970	0	50,830	5,694,562	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAKELAND REHAB & HEALTHCARE
800 WEST TEMPLE STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6005185
Health Service Area 005 Planning Service Area 049

Administrator
William Wade

Contact Person and Telephone
Will Wade
217-342-2171

Date Completed
4/2/2014

Registered Agent Information

Life Care Facility

Building	Reported Age
Building 1 facility	41
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	94
Total Admissions 2013	357
Total Discharges 2013	351
Residents on 12/31/2013	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	20
Mental Illness	17
Developmental Disability	1
Circulatory System	28
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 17

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	156	146	107	146	100	56	154	139
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	156	146	107	146	100	56	154	139

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7831	13.9%	17307	34.1%	0	742	10632	0	36512	64.1%	68.5%
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	7831	13.9%	17307	34.1%	0	742	10632	0	36512	64.1%	68.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	6	11	0	0	0	0	0	0	6	11	17
75 to 84	10	23	0	0	0	0	0	0	10	23	33
85+	12	33	0	0	0	0	0	0	12	33	45
TOTALS	32	68	0	0	0	0	0	0	32	68	100

LAKELAND REHAB & HEALTHCARE
800 WEST TEMPLE STREET
EFFINGHAM, IL. 62401

Classification Numbers

License Number	6005185	
Health Service Area	005	
Planning Service Area	049	Effingham

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	50	0	1	30	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	50	0	1	30	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	166	137
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	100	0	0	0	100
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	18.00
Certified Aides	57.00
Other Health Staff	1.00
Non-Health Staff	17.00
Totals	105.00

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
49.7%	24.6%	0.0%	3.1%	22.6%	100.0%		
3,889,488	1,920,301	0	242,708	1,768,233	7,820,730	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAKEVIEW REHAB & NURSING CENTER
735 WEST DIVERSEY PARKWAY
CHICAGO, IL. 60614

Reference Numbers Facility ID 6005227
Health Service Area 006 Planning Service Area 602

Administrator
Dino Varnavas

Contact Person and Telephone
Dino Varnavas
773-348-4055

Date Completed
4/1/2014

Registered Agent Information
David Gross
240 Fencl Lane

Building		Reported Age
Building 1	Main Building	41
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	136
Total Admissions 2013	198
Total Discharges 2013	193
Residents on 12/31/2013	141

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	17
Blood Disorders	5
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	49
Respiratory System	13
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	5
Musculo-skeletal Disorders	8
Injuries and Poisonings	12
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	141

Total Residents Diagnosed as Mentally Ill 39

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	178	178	151	178	141	37	178	178
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	178	178	151	178	141	37	178	178

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6824	10.5%	39943	61.5%	0	302	3483	0	50552	77.8%	77.8%
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	6824	10.5%	39943	61.5%	0	302	3483	0	50552	77.8%	77.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	6	3	0	0	0	0	0	0	6	3	9
60 to 64	8	4	0	0	0	0	0	0	8	4	12
65 to 74	22	15	0	0	0	0	0	0	22	15	37
75 to 84	24	29	0	0	0	0	0	0	24	29	53
85+	3	27	0	0	0	0	0	0	3	27	30
TOTALS	63	78	0	0	0	0	0	0	63	78	141

LAKEVIEW REHAB & NURSING CENTER
735 WEST DIVERSEY PARKWAY
CHICAGO, IL. 60614

Classification Numbers

License Number	6005227	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	108	0	0	10	0	141
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	108	0	0	10	0	141

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	2	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	70	0	0	0	70
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	9	0	0	0	9
Total	141	0	0	0	141

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	9	0	0	0	9
Total	141	0	0	0	141

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	15.00
Certified Aides	55.00
Other Health Staff	6.00
Non-Health Staff	50.00
Totals	145.00

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
34.2%	57.6%	0.0%	1.1%	7.1%	100.0%		
3,811,262	6,431,635	0	120,860	794,126	11,157,883	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAKEWOOD NURSING & REHAB CENTER
14716 SOUTH EATERN AVENUE
PLAINFIELD, IL. 60544

Reference Numbers Facility ID 6005235
Health Service Area 009 Planning Service Area 197

Administrator
Margie Thompson

Contact Person and Telephone
Ron Cournaya
847-905-3000

Date Completed
3/25/2014

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Building		Reported Age
Building 1	100 200 300 wing	41
Building 2	400 500 600 wing	16
Building 3	700 wing	7
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	118
Total Admissions 2013	240
Total Discharges 2013	209
Residents on 12/31/2013	149

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	47
TOTALS	110

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	131	131	125	131	110	21	131	131
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	131	131	125	131	110	21	131	131

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11083	23.2%	26356	55.1%	0	595	5072	0	43106	90.2%	90.2%
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	11083	23.2%	26356	55.1%	0	595	5072	0	43106	90.2%	90.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	0	6	0	0	0	0	0	0	0	6	6
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	6	20	0	0	0	0	0	0	6	20	26
85+	17	48	0	0	0	0	0	0	17	48	65
TOTALS	28	82	0	0	0	0	0	0	28	82	110

LAKEWOOD NURSING & REHAB CENTER
14716 SOUTH EATERN AVENUE
PLAINFIELD, IL. 60544

Classification Numbers

License Number	6005235	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	68	0	2	15	0	110
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	68	0	2	15	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	206
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	3	0	0	0	3
Total	110	0	0	0	110

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	0	0	0	0	0
Total	110	0	0	0	110

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.50
LPN's	9.50
Certified Aides	52.00
Other Health Staff	13.00
Non-Health Staff	42.00
Totals	135.00

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
42.3%	31.7%	0.0%	8.4%	17.6%	100.0%		
4,953,385	3,713,082	0	981,193	2,063,273	11,710,933	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LASALLE COUNTY NURSING HOME
1380 NORTH 27TH ROAD
OTTAWA, IL. 61350

Reference Numbers Facility ID 6005250
Health Service Area 002 Planning Service Area 099

Administrator
Chris Csernus

Contact Person and Telephone
CHRIS CSERNUS
815-433-0476

Date Completed
3/21/2014

Registered Agent Information
Jerry Hicks
707 Etna Road
Ottawa, IL 61350

Building		Reported Age
Building 1	Wings A, B, and C	48
Building 2	Wing D/ Addition	44
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	68
Total Admissions 2013	42
Total Discharges 2013	48
Residents on 12/31/2013	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	36
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	91	99	72	91	62	29	91	91
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	91	99	72	91	62	29	91	91

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1541	4.6%	14506	43.7%	0	96	6967	0	23110	69.6%	64.0%
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	1541	4.6%	14506	43.7%	0	96	6967	0	23110	69.6%	64.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	10	32	0	0	0	0	0	0	10	32	42
TOTALS	14	48	0	0	0	0	0	0	14	48	62

LASALLE COUNTY NURSING HOME
1380 NORTH 27TH ROAD
OTTAWA, IL. 61350

Classification Numbers

License Number	6005250	
Health Service Area	002	
Planning Service Area	099	LaSalle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	35	0	0	23	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	35	0	0	23	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	10.00
Certified Aides	28.00
Other Health Staff	3.00
Non-Health Staff	24.00
Totals	74.00

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
20.0%	40.5%	15.1%	0.2%	24.2%	100.0%		
790,102	1,596,369	596,322	6,656	955,353	3,944,802	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAWRENCE COMM HEALTHCARE CTR
900 EAST CORPORATION
BRIDGEPORT, IL. 62417

Reference Numbers Facility ID 6001150
Health Service Area 005 Planning Service Area 101

Administrator
William R Gillis

Contact Person and Telephone
WILLIAM R. GILLIS
618-838-1387

Date Completed
3/28/2014

Registered Agent Information
James Stout
324 Main St.
Bridgeport, IL 62417

Building		Reported Age
Building 1	Lawrence Community Healthcar	37
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	76
Total Admissions 2013	142
Total Discharges 2013	146
Residents on 12/31/2013	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	13
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	75	99	72	27	56	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	75	99	72	27	56	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5008	24.5%	15977	44.2%	0	0	4302	0	25287	70.0%	70.0%
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	5008	24.5%	15977	44.2%	0	0	4302	0	25287	70.0%	70.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	4	31	0	0	0	0	0	0	4	31	35
TOTALS	15	57	0	0	0	0	0	0	15	57	72

LAWRENCE COMM HEALTHCARE CTR
900 EAST CORPORATION
BRIDGEPORT, IL. 62417

Classification Numbers

License Number	6001150	
Health Service Area	005	
Planning Service Area	101	Lawrence

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	45	0	0	13	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	45	0	0	13	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	8.50
Certified Aides	37.50
Other Health Staff	13.00
Non-Health Staff	29.00
Totals	100.00

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
47.2%	39.1%	0.0%	0.0%	13.7%	100.0%		
1,998,101	1,657,964	0	0	581,436	4,237,501	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAWRENCE PLACE
715 SOUTH WASHINGTON STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6011654
Health Service Area 003 Planning Service Area 107

Administrator
Adam Tabor

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Lawrence Place	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5777	98.9%	0	0	0	0	5777	98.9%	98.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5777	98.9%	0	0	0	0	5777	98.9%	98.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	2	0	0	1	2	3
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	3	2	0	0	3	2	5
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	10	6	0	0	10	6	16

LAWRENCE PLACE
715 SOUTH WASHINGTON STREET
LINCOLN, IL. 62656

Classification Numbers

License Number	6011654	
Health Service Area	003	
Planning Service Area	107	Logan

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	114
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	662,910	0	0	0	662,910	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEBANON CARE CENTER
1201 NORTH ALTON
LEBANON, IL. 62254

Reference Numbers Facility ID 6001044
Health Service Area 011 Planning Service Area 163

Administrator
Laura Paden

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/26/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Lebanon Care Center/Nursing H	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	43
Total Admissions 2013	64
Total Discharges 2013	65
Residents on 12/31/2013	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	13
Mental Illness	4
Developmental Disability	1
Circulatory System	11
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 21

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	90	48	90	42	48	90	90
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	90	48	90	42	48	90	90

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	733	2.2%	11873	36.1%	506	574	2793	0	16479	50.2%	50.2%
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	733	2.2%	11873	36.1%	506	574	2793	0	16479	50.2%	50.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	6	3	0	0	0	0	0	0	6	3	9
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	10	4	0	0	0	0	0	0	10	4	14
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	2	5	0	0	0	0	0	0	2	5	7
TOTALS	20	22	0	0	0	0	0	0	20	22	42

LEBANON CARE CENTER
1201 NORTH ALTON
LEBANON, IL. 62254

Classification Numbers

License Number	6001044	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	27	0	0	11	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	27	0	0	11	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	10.00
Certified Aides	18.00
Other Health Staff	2.00
Non-Health Staff	15.00
Totals	48.00

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
22.4%	56.7%	0.0%	0.0%	20.9%	100.0%		
444,845	1,126,442	0	413	414,469	1,986,169	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEBANON TERRACE
221 EAST THIRD STREET
LEBANON, IL. 62254

Reference Numbers Facility ID 6005268
Health Service Area 011 Planning Service Area 163

Administrator
Dawn Blissett

Contact Person and Telephone
DONNA BROOKS
618-537-4133

Date Completed
3/25/2014

Registered Agent Information
CT Corporation System
208 South LaSalle Street Suite 814
Chicago, IL 60604

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5656	96.8%	0	0	0	0	5656	96.8%	96.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5656	96.8%	0	0	0	0	5656	96.8%	96.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	3	0	0	4	3	7
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	1	1	0	0	1	1	2
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	8	7	0	0	8	7	15

LEBANON TERRACE
221 EAST THIRD STREET
LEBANON, IL. 62254

Classification Numbers

License Number	6005268	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	223	112
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.33
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.25
Certified Aides	0.00
Other Health Staff	10.94
Non-Health Staff	0.00
Totals	11.52

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%	85.4%	14.6%	0.0%	0.0%	100.0%		
0	682,029	116,546	0	0	798,575	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEE MANOR
1301 LEE STREET
DES PLAINES, IL. 60018

Reference Numbers Facility ID 6005284
Health Service Area 007 Planning Service Area 702

Administrator
WILLIAM MCNIFF

Contact Person and Telephone
ZENY A. ENGRACIA
847-635-6047

Date Completed
4/22/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	11
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	0
Circulatory System	32
Respiratory System	32
Digestive System	6
Genitourinary System Disorders	26
Skin Disorders	4
Musculo-skeletal Disorders	13
Injuries and Poisonings	32
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	220

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	238
Total Admissions 2013	460
Total Discharges 2013	478
Residents on 12/31/2013	220

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	262	262	251	262	220	42	262	262
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	262	262	251	262	220	42	262	262

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10146	10.6%	61746	64.6%	0	971	12980	365	86208	90.1%	90.1%
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	10146	10.6%	61746	64.6%	0	971	12980	365	86208	90.1%	90.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	1	0	0	0	0	0	0	0	1	1
18 to 44	1	6	0	0	0	0	0	0	1	6	7
45 to 59	5	4	0	0	0	0	0	0	5	4	9
60 to 64	3	27	0	0	0	0	0	0	3	27	30
65 to 74	17	45	0	0	0	0	0	0	17	45	62
75 to 84	11	69	0	0	0	0	0	0	11	69	80
85+	31	0	0	0	0	0	0	0	31	0	31
TOTALS	68	152	0	0	0	0	0	0	68	152	220

LEE MANOR
1301 LEE STREET
DES PLAINES, IL. 60018

Classification Numbers

License Number	6005284	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	154	0	1	48	1	220
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	154	0	1	48	1	220

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	248	221
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	12	0	0	0	12
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	201	0	0	0	201
Race Unknown	0	0	0	0	0
Total	220	0	0	0	220

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	210	0	0	0	210
Ethnicity Unknown	0	0	0	0	0
Total	220	0	0	0	220

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	54.00
LPN's	11.00
Certified Aides	85.00
Other Health Staff	16.00
Non-Health Staff	81.00
Totals	249.00

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
30.3%	52.3%	0.0%	2.0%	15.3%	100.0%		
5,543,501	9,563,955	0	358,414	2,804,257	18,270,127	78,475	0.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEMONT NURSING & REHAB CENTER
12450 WALKER ROAD
LEMONT, IL. 60439

Reference Numbers Facility ID 6014492
Health Service Area 007 Planning Service Area 705

Administrator
Wendy Janulis

Contact Person and Telephone
Ron Cournaya
847-905-3000

Date Completed
3/4/2014

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Building		Reported Age
Building 1	Building 1	19
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	148
Total Admissions 2013	824
Total Discharges 2013	826
Residents on 12/31/2013	146

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	61
Respiratory System	13
Digestive System	5
Genitourinary System Disorders	11
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	146

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	158	158	158	158	146	12	158	158
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	158	158	158	158	146	12	158	158

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	18293	31.7%	21304	36.9%	0	650	11190	0	51437	89.2%	89.2%
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	18293	31.7%	21304	36.9%	0	650	11190	0	51437	89.2%	89.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	5	14	0	0	0	0	0	0	5	14	19
75 to 84	11	86	0	0	0	0	0	0	11	86	97
85+	0	27	0	0	0	0	0	0	0	27	27
TOTALS	17	129	0	0	0	0	0	0	17	129	146

LEMONT NURSING & REHAB CENTER
12450 WALKER ROAD
LEMONT, IL. 60439

Classification Numbers

License Number	6014492	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	46	65	0	2	33	0	146
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	46	65	0	2	33	0	146

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	263	228
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	146	0	0	0	146
Race Unknown	0	0	0	0	0
Total	146	0	0	0	146

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	144	0	0	0	144
Total	146	0	0	0	146

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	20.00
Certified Aides	39.00
Other Health Staff	7.00
Non-Health Staff	32.00
Totals	118.00

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
53.3%	26.7%	0.0%	1.7%	18.2%	100.0%		
6,987,238	3,502,689	0	220,984	2,389,657	13,100,568	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LENA LIVING CENTER
1010 S. LOGAN STREET
LENA, IL. 61048

Reference Numbers Facility ID 6005292
Health Service Area 001 Planning Service Area 177

Administrator
Judy Ickes Barker

Contact Person and Telephone
SUZANNE KOENIG

Registered Agent Information **Date Completed** 3/25/2014

Building		Reported Age
Building 1	Main Building	43
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	79
Total Admissions 2013	91
Total Discharges 2013	90
Residents on 12/31/2013	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	14
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	14
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	92	80	80	0	80	12	40	92
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	92	80	80	0	80	12	40	92

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2238	15.3%	13000	38.7%	0	70	14283	0	29591	88.1%	101.3%
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	2238	15.3%	13000	38.7%	0	70	14283	0	29591	88.1%	101.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	4	15	0	0	0	0	0	0	4	15	19
85+	8	42	0	0	0	0	0	0	8	42	50
TOTALS	17	63	0	0	0	0	0	0	17	63	80

LENA LIVING CENTER
1010 S. LOGAN STREET
LENA, IL. 61048

Classification Numbers

License Number	6005292	
Health Service Area	001	
Planning Service Area	177	Stephenson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	27	0	1	47	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	27	0	1	47	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	46.00

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
35.7%	15.2%	0.0%	0.4%	48.7%	100.0%		
1,598,033	680,921	0	20,055	2,178,491	4,477,500	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEROY MANOR
509 S BUCK ROAD P.O. BOX 149
LEROY, IL. 61752

Reference Numbers Facility ID 6012157
Health Service Area 004 Planning Service Area 113

Administrator
Heather M Brown

Contact Person and Telephone
Heather Brown
309-962-5000

Date Completed
3/26/2014

Registered Agent Information

Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	84
Total Admissions 2013	66
Total Discharges 2013	43
Residents on 12/31/2013	107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	0
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	9
Other Medical Conditions	27
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	102	102	90	102	80	22	102	102
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	102	102	90	102	80	22	102	102

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2658	7.1%	19448	52.2%	167	0	7952	0	30225	81.2%	81.2%
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	2658	7.1%	19448	52.2%	167	0	7952	0	30225	81.2%	81.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	4	20	0	0	0	0	0	0	4	20	24
85+	6	29	0	0	0	0	0	0	6	29	35
TOTALS	18	62	0	0	0	0	0	0	18	62	80

LEROY MANOR
509 S BUCK ROAD P.O. BOX 149
LEROY, IL. 61752

Classification Numbers

License Number	6012157	
Health Service Area	004	
Planning Service Area	113	McLean

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	47	0	0	25	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	47	0	0	25	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	9.00
Certified Aides	54.00
Other Health Staff	1.00
Non-Health Staff	40.00
Totals	111.00

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
24.7%	47.0%	0.4%	0.0%	27.8%	100.0%		
1,281,563	2,436,609	21,245	0	1,442,637	5,182,054	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEWIS AND CLARK MANOR
56 CHOUTEAU TRACE PARKWAY
PONTOON BEACH, IL. 62040

Reference Numbers Facility ID 6012793
Health Service Area 011 Planning Service Area 119

Administrator
Tammy Marsh

Contact Person and Telephone
Tammy Marsh
618-465-0044 ext 1609

Date Completed
3/29/2014

Registered Agent Information
Tom Moehn
4 Emmie Kaus Lane
Alton, IL 62002

Building		Reported Age
Building 1	Alton Bluffs	24
Building 2	Fosterburg	19
Building 3	Lewis & Clark	22
Building 4	Lynhaven	23
Building 5	Twin Rivers	22

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	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	0
Total Discharges 2013	3
Residents on 12/31/2013	9

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	12	12	12	12	4		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	12	12	12	12	4	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			12	#Div/0!	0	0	0	0	12	0.2%	0.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	12	0.0%	0	0	0	0	12	0.2%	0.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	1	0	0	2	1	3
45 to 59	0	0	0	0	5	1	0	0	5	1	6
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	1	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	0	0	0	0	10	2	0	0	10	2	12

LEWIS AND CLARK MANOR
56 CHOUTEAU TRACE PARKWAY
PONTOON BEACH, IL. 62040

Classification Numbers

License Number	6012793	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	121	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	8.00
Non-Health Staff	0.00
Totals	11.00

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEWIS MEM CHRISTIAN VILLAGE
3400 WEST WASHINGTON
SPRINGFIELD, IL. 62711

Reference Numbers Facility ID 6005300
Health Service Area 003 Planning Service Area 167

Administrator
Cynthia Ann Schaaf

Contact Person and Telephone
Susan McGhee

Date Completed
3/25/2014

Registered Agent Information
Quinn Murphy Registered Agent
23 South First Street
Belleville, IL 62220

Continuing Care Retirement Community

Building		Reported Age
Building 1	Skilled Nursing Facility	40
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	145
Total Admissions 2013	496
Total Discharges 2013	489
Residents on 12/31/2013	152

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	7
Blood Disorders	7
*Nervous System Non Alzheimer	19
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	19
Digestive System	8
Genitourinary System Disorders	9
Skin Disorders	4
Musculo-skeletal Disorders	23
Injuries and Poisonings	13
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	152

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	155	155	155	155	152	3	155	105
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	155	155	155	155	152	3	155	105

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13790	24.4%	20635	53.8%	0	2025	15956	0	52406	92.6%	92.6%
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	13790	24.4%	20635	53.8%	0	2025	15956	0	52406	92.6%	92.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	10	14	0	0	0	0	0	0	10	14	24
75 to 84	19	31	0	0	0	0	0	0	19	31	50
85+	11	61	0	0	0	0	0	0	11	61	72
TOTALS	43	109	0	0	0	0	0	0	43	109	152

LEWIS MEM CHRISTIAN VILLAGE
3400 WEST WASHINGTON
SPRINGFIELD, IL. 62711

Classification Numbers

License Number	6005300	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	63	0	6	44	0	152
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	39	63	0	6	44	0	152

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	189
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	145	0	0	0	145
Race Unknown	0	0	0	0	0
Total	152	0	0	0	152

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	152	0	0	0	152
Ethnicity Unknown	0	0	0	0	0
Total	152	0	0	0	152

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	34.00
Certified Aides	81.00
Other Health Staff	3.00
Non-Health Staff	59.00
Totals	190.00

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
52.0%	18.4%	0.0%	6.3%	23.4%	100.0%		
6,849,962	2,423,471	0	826,862	3,080,987	13,181,282	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEWIS TERRACE
1916 16TH STREET
NORTH CHICAGO, IL. 60064

Reference Numbers Facility ID 6014211
Health Service Area 008 Planning Service Area 097

Administrator
Billie Callahan

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Building	Reported Age
Building 1 Lewis Terrace	19
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1460	######	0	0	0	0	1460	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	######	0	0	0	0	1460	100.0%	100.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	2	2	0	0	2	2	4

LEWIS TERRACE
1916 16TH STREET
NORTH CHICAGO, IL. 60064

Classification Numbers

License Number	6014211	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	251
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	3	0	3
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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	373,911	0	0	0	373,911	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON HEALTH CARE - WHEELING
730 WEST HINTZ ROAD
WHEELING, IL. 60090

Reference Numbers Facility ID 6014369
Health Service Area 007 Planning Service Area 701

Administrator
Tremaine Brown

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Date Completed
3/18/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	194
Total Admissions 2013	239
Total Discharges 2013	239
Residents on 12/31/2013	194

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	18
Mental Illness	10
Developmental Disability	0
Circulatory System	30
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	16
Injuries and Poisonings	4
Other Medical Conditions	78
Non-Medical Conditions	0
TOTALS	194

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	215	215	201	215	194	21	215	184
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	215	215	201	215	194	21	215	184

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5518	7.0%	55626	82.8%	0	1452	5286	0	67882	86.5%	86.5%
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	5518	7.0%	55626	82.8%	0	1452	5286	0	67882	86.5%	86.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	11	8	0	0	0	0	0	0	11	8	19
75 to 84	17	42	0	0	0	0	0	0	17	42	59
85+	16	87	0	0	0	0	0	0	16	87	103
TOTALS	50	144	0	0	0	0	0	0	50	144	194

LEXINGTON HEALTH CARE - WHEELING
730 WEST HINTZ ROAD
WHEELING, IL. 60090

Classification Numbers

License Number	6014369	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	149	0	14	12	0	194
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	149	0	14	12	0	194

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	329	181
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	1	0	0	0	1
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	185	0	0	0	185
Race Unknown	0	0	0	0	0
Total	194	0	0	0	194

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	185	0	0	0	185
Ethnicity Unknown	0	0	0	0	0
Total	194	0	0	0	194

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	12.00
LPN's	20.00
Certified Aides	73.00
Other Health Staff	7.00
Non-Health Staff	62.00
Totals	174.00

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
25.5%	57.4%	0.0%	5.2%	12.0%	100.0%		
3,283,315	7,396,427	0	665,097	1,551,611	12,896,450	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON HEALTH CARE CENTER
14601 S. JOHN HUMPHREY DRIVE
ORLAND PARK, IL. 60462

Reference Numbers Facility ID 6014682
Health Service Area 007 Planning Service Area 705

Administrator
Kimberly Saggese

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Date Completed
3/20/2014

Registered Agent Information

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	9
Mental Illness	36
Developmental Disability	0
Circulatory System	50
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	6
Musculo-skeletal Disorders	10
Injuries and Poisonings	3
Other Medical Conditions	91
Non-Medical Conditions	0
TOTALS	235

Total Residents Diagnosed as Mentally Ill 36

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	225
Total Admissions 2013	586
Total Discharges 2013	576
Residents on 12/31/2013	235

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	278	278	241	278	235	43	259	195
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	278	278	241	278	235	43	259	195

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17793	18.8%	58821	82.6%	0	2637	2873	0	82124	80.9%	80.9%
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	17793	18.8%	58821	82.6%	0	2637	2873	0	82124	80.9%	80.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	11	12	0	0	0	0	0	0	11	12	23
75 to 84	31	48	0	0	0	0	0	0	31	48	79
85+	22	96	0	0	0	0	0	0	22	96	118
TOTALS	70	165	0	0	0	0	0	0	70	165	235

LEXINGTON HEALTH CARE CENTER
14601 S. JOHN HUMPHREY DRIVE
ORLAND PARK, IL. 60462

Classification Numbers

License Number	6014682	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	55	163	0	11	6	0	235
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	55	163	0	11	6	0	235

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	261	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	37	0	0	0	37
Hawaiian/Pacific Isl.	0	0	0	0	0
White	198	0	0	0	198
Race Unknown	0	0	0	0	0
Total	235	0	0	0	235

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	234	0	0	0	234
Ethnicity Unknown	0	0	0	0	0
Total	235	0	0	0	235

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	27.00
Certified Aides	89.00
Other Health Staff	10.00
Non-Health Staff	76.00
Totals	220.00

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
51.2%	38.9%	0.0%	5.0%	4.9%	100.0%		
9,735,442	7,399,920	0	947,032	936,000	19,018,394	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON HLTH CARE CTR-BLOOMINGDALE
165 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6011993
Health Service Area 007 Planning Service Area 703

Administrator
LaDon Harris

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Date Completed
3/25/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	147
Total Admissions 2013	307
Total Discharges 2013	318
Residents on 12/31/2013	136

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	18
Blood Disorders	5
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	26
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	19
Injuries and Poisonings	4
Other Medical Conditions	40
Non-Medical Conditions	0
TOTALS	136

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	166	166	154	166	136	30	166	131
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	166	166	154	166	136	30	166	131

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9888	16.3%	35268	73.8%	0	1473	4771	0	51400	84.8%	84.8%
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	9888	16.3%	35268	73.8%	0	1473	4771	0	51400	84.8%	84.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	7	11	0	0	0	0	0	0	7	11	18
75 to 84	14	25	0	0	0	0	0	0	14	25	39
85+	14	59	0	0	0	0	0	0	14	59	73
TOTALS	39	97	0	0	0	0	0	0	39	97	136

LEXINGTON HLTH CARE CTR-BLOOMINGDALE
165 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE, IL. 60108

Classification Numbers

License Number	6011993	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	96	0	3	10	0	136
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	96	0	3	10	0	136

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	375	224
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	1	0	0	0	1
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	125	0	0	0	125
Race Unknown	0	0	0	0	0
Total	136	0	0	0	136

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	133	0	0	0	133
Ethnicity Unknown	0	0	0	0	0
Total	136	0	0	0	136

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	11.00
Certified Aides	51.00
Other Health Staff	7.00
Non-Health Staff	53.00
Totals	137.00

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
46.1%	38.9%	0.0%	4.6%	10.5%	100.0%		
5,815,615	4,904,635	0	582,216	1,320,764	12,623,230	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON HLTH CARE CTR-LOMBARD
2100 SOUTH FINLEY ROAD
LOMBARD, IL. 60148

Reference Numbers Facility ID 6005318
Health Service Area 007 Planning Service Area 703

Administrator
Danielle Gilbert

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Date Completed
3/19/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	174
Total Admissions 2013	521
Total Discharges 2013	506
Residents on 12/31/2013	189

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	3
Mental Illness	10
Developmental Disability	0
Circulatory System	39
Respiratory System	12
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	16
Injuries and Poisonings	2
Other Medical Conditions	78
Non-Medical Conditions	0
TOTALS	189

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	224	224	191	224	189	35	215	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	224	224	191	224	189	35	215	150

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13075	16.7%	35305	64.5%	0	3209	11372	0	62961	77.0%	77.0%
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	13075	16.7%	35305	64.5%	0	3209	11372	0	62961	77.0%	77.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	12	15	0	0	0	0	0	0	12	15	27
75 to 84	17	38	0	0	0	0	0	0	17	38	55
85+	21	81	0	0	0	0	0	0	21	81	102
TOTALS	54	135	0	0	0	0	0	0	54	135	189

LEXINGTON HLTH CARE CTR-LOMBARD
2100 SOUTH FINLEY ROAD
LOMBARD, IL. 60148

Classification Numbers

License Number	6005318	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	42	103	0	12	32	0	189
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	42	103	0	12	32	0	189

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	167
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	169	0	0	0	169
Race Unknown	0	0	0	0	0
Total	189	0	0	0	189

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	182	0	0	0	182
Ethnicity Unknown	0	0	0	0	0
Total	189	0	0	0	189

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	13.00
Certified Aides	69.00
Other Health Staff	9.00
Non-Health Staff	62.00
Totals	175.00

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
44.5%	28.0%	0.0%	8.1%	19.4%	100.0%		
7,142,595	4,482,668	0	1,302,269	3,106,493	16,034,025	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON OF CHICAGO RIDGE
10300 SOUTHWEST HIGHWAY
CHICAGO RIDGE, IL. 60415

Reference Numbers Facility ID 6012967
Health Service Area 007 Planning Service Area 705

Administrator
Nancy McDonald

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Date Completed
3/25/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	180
Total Admissions 2013	907
Total Discharges 2013	923
Residents on 12/31/2013	164

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	14
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	7
Mental Illness	11
Developmental Disability	0
Circulatory System	38
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	4
Other Medical Conditions	68
Non-Medical Conditions	0
TOTALS	164

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	203	193	203	164	39	203	142
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	203	193	203	164	39	203	142

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12808	17.3%	38205	73.7%	0	8223	4122	0	63358	85.5%	85.5%
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	12808	17.3%	38205	73.7%	0	8223	4122	0	63358	85.5%	85.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	11	18	0	0	0	0	0	0	11	18	29
75 to 84	27	14	0	0	0	0	0	0	27	14	41
85+	68	15	0	0	0	0	0	0	68	15	83
TOTALS	110	54	0	0	0	0	0	0	110	54	164

LEXINGTON OF CHICAGO RIDGE
10300 SOUTHWEST HIGHWAY
CHICAGO RIDGE, IL. 60415

Classification Numbers

License Number	6012967	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	78	0	39	6	0	164
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	41	78	0	39	6	0	164

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	307	229
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	53	0	0	0	53
Hawaiian/Pacific Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	164	0	0	0	164

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	157	0	0	0	157
Ethnicity Unknown	0	0	0	0	0
Total	164	0	0	0	164

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	19.00
Certified Aides	66.00
Other Health Staff	13.00
Non-Health Staff	66.00
Totals	182.00

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
39.3%	31.8%	0.0%	21.4%	7.5%	100.0%		
6,681,310	5,408,525	0	3,635,776	1,272,699	16,998,310	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON OF ELMHURST
420 WEST BUTTERFIELD ROAD
ELMHURST, IL. 60126

Reference Numbers Facility ID 6013098
Health Service Area 007 Planning Service Area 703

Administrator
Sandra Cubas

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Date Completed
3/22/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	115
Total Admissions 2013	686
Total Discharges 2013	700
Residents on 12/31/2013	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	5
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	2
Other Medical Conditions	72
Non-Medical Conditions	0
TOTALS	101

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	145	145	126	145	101	44	142	77
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	145	145	126	145	101	44	142	77

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17145	33.1%	11799	42.0%	0	3417	7925	0	40286	76.1%	76.1%
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	17145	33.1%	11799	42.0%	0	3417	7925	0	40286	76.1%	76.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	8	5	0	0	0	0	0	0	8	5	13
75 to 84	9	3	0	0	0	0	0	0	9	3	12
85+	48	19	0	0	0	0	0	0	48	19	67
TOTALS	70	31	0	0	0	0	0	0	70	31	101

LEXINGTON OF ELMHURST
420 WEST BUTTERFIELD ROAD
ELMHURST, IL. 60126

Classification Numbers

License Number	6013098	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	51	28	0	8	14	0	101
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	51	28	0	8	14	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	360	198
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	13.00
Certified Aides	38.00
Other Health Staff	8.00
Non-Health Staff	43.00
Totals	115.00

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
65.1%	11.1%	0.0%	8.9%	15.0%	100.0%		
9,187,865	1,560,890	0	1,254,821	2,112,235	14,115,811	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON OF LAGRANGE
4735 WILLOW SPRINGS ROAD
LAGRANGE, IL. 60525

Reference Numbers Facility ID 6013361
Health Service Area 007 Planning Service Area 705

Administrator
Renee Mills

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Registered Agent Information

Date Completed
3/26/2014

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	88
Total Admissions 2013	769
Total Discharges 2013	763
Residents on 12/31/2013	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	21
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	4
Musculo-skeletal Disorders	9
Injuries and Poisonings	3
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	111	120	94	26	120	40
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	111	120	94	26	120	40

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	21075	48.1%	6644	45.5%	0	4036	3261	0	35016	79.9%	79.9%
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	21075	48.1%	6644	45.5%	0	4036	3261	0	35016	79.9%	79.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	9	19	0	0	0	0	0	0	9	19	28
85+	5	40	0	0	0	0	0	0	5	40	45
TOTALS	25	69	0	0	0	0	0	0	25	69	94

LEXINGTON OF LAGRANGE
4735 WILLOW SPRINGS ROAD
LAGRANGE, IL. 60525

Classification Numbers

License Number	6013361	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	57	17	0	15	5	0	94
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	57	17	0	15	5	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	365	349
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	13.00
Certified Aides	40.00
Other Health Staff	8.00
Non-Health Staff	49.00
Totals	131.00

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
78.0%	6.4%	0.0%	9.4%	6.2%	100.0%		
11,496,680	938,074	0	1,385,466	918,004	14,738,224	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON OF LAKE ZURICH
900 SOUTH RAND ROAD
LAKE ZURICH, IL. 60047

Reference Numbers Facility ID 6014138
Health Service Area 008 Planning Service Area 097

Administrator
Brandon Davidson

Contact Person and Telephone
Bridgett Rummel
630-458-4700

Date Completed
3/26/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	198
Total Admissions 2013	549
Total Discharges 2013	558
Residents on 12/31/2013	189

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System Non Alzheimer	9
Alzheimer Disease	14
Mental Illness	11
Developmental Disability	0
Circulatory System	30
Respiratory System	12
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	17
Injuries and Poisonings	7
Other Medical Conditions	65
Non-Medical Conditions	0
TOTALS	189

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	203	201	203	189	14	203	157
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	203	201	203	189	14	203	157

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12466	16.8%	48333	84.3%	0	3018	3338	0	67155	90.6%	90.6%
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	12466	16.8%	48333	84.3%	0	3018	3338	0	67155	90.6%	90.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	0	4	0	0	0	0	0	0	0	4	4
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	10	17	0	0	0	0	0	0	10	17	27
75 to 84	12	43	0	0	0	0	0	0	12	43	55
85+	20	79	0	0	0	0	0	0	20	79	99
TOTALS	44	145	0	0	0	0	0	0	44	145	189

LEXINGTON OF LAKE ZURICH
900 SOUTH RAND ROAD
LAKE ZURICH, IL. 60047

Classification Numbers

License Number	6014138	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	51	105	0	24	9	0	189
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	51	105	0	24	9	0	189

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	295	208
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	185	0	0	0	185
Race Unknown	0	0	0	0	0
Total	189	0	0	0	189

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	180	0	0	0	180
Ethnicity Unknown	0	0	0	0	0
Total	189	0	0	0	189

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	9.00
Certified Aides	70.00
Other Health Staff	10.00
Non-Health Staff	63.00
Totals	178.00

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
42.6%	42.3%	0.0%	7.8%	7.2%	100.0%		
6,334,027	6,286,240	0	1,159,458	1,072,041	14,851,766	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON OF SCHAUMBURG
675 SOUTH ROSELLE ROAD
SCHAUMBURG, IL. 60193

Reference Numbers Facility ID 6012553
Health Service Area 007 Planning Service Area 701

Administrator
Terri Bowen

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Date Completed
3/18/2014

Registered Agent Information

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	10
Developmental Disability	0
Circulatory System	46
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	25
Injuries and Poisonings	5
Other Medical Conditions	68
Non-Medical Conditions	0
TOTALS	185

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	187
Total Admissions 2013	555
Total Discharges 2013	557
Residents on 12/31/2013	185

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	214	214	198	214	185	29	214	170
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	214	214	198	214	185	29	214	170

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13737	17.6%	44956	72.5%	0	2893	4542	0	66128	84.7%	84.7%
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	13737	17.6%	44956	72.5%	0	2893	4542	0	66128	84.7%	84.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	9	17	0	0	0	0	0	0	9	17	26
75 to 84	22	41	0	0	0	0	0	0	22	41	63
85+	17	70	0	0	0	0	0	0	17	70	87
TOTALS	53	132	0	0	0	0	0	0	53	132	185

LEXINGTON OF SCHAUMBURG
675 SOUTH ROSELLE ROAD
SCHAUMBURG, IL. 60193

Classification Numbers

License Number	6012553	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	55	111	0	8	11	0	185
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	55	111	0	8	11	0	185

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	268	213
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	169	0	0	0	169
Race Unknown	0	0	0	0	0
Total	185	0	0	0	185

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	179	0	0	0	179
Ethnicity Unknown	0	0	0	0	0
Total	185	0	0	0	185

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	16.00
Certified Aides	70.00
Other Health Staff	10.00
Non-Health Staff	64.00
Totals	181.00

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
47.2%	37.3%	0.0%	7.0%	8.5%	100.0%		
7,417,994	5,860,528	0	1,096,850	1,343,204	15,718,576	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON OF STREAMWOOD
815 EAST IRVING PARK ROAD
STREAMWOOD, IL. 60107

Reference Numbers Facility ID 6012975
Health Service Area 007 Planning Service Area 701

Administrator
Kalsang Youtso

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Registered Agent Information

Date Completed
3/25/2014

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	11
Blood Disorders	3
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	13
Developmental Disability	0
Circulatory System	47
Respiratory System	13
Digestive System	5
Genitourinary System Disorders	11
Skin Disorders	5
Musculo-skeletal Disorders	10
Injuries and Poisonings	2
Other Medical Conditions	46
Non-Medical Conditions	0
TOTALS	180

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	182
Total Admissions 2013	347
Total Discharges 2013	349
Residents on 12/31/2013	180

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	214	214	189	214	180	34	214	182
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	214	214	189	214	180	34	214	182

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10327	13.2%	48114	72.4%	0	2332	3973	0	64746	82.9%	82.9%
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	10327	13.2%	48114	72.4%	0	2332	3973	0	64746	82.9%	82.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	15	25	0	0	0	0	0	0	15	25	40
75 to 84	14	36	0	0	0	0	0	0	14	36	50
85+	10	73	0	0	0	0	0	0	10	73	83
TOTALS	43	137	0	0	0	0	0	0	43	137	180

LEXINGTON OF STREAMWOOD
815 EAST IRVING PARK ROAD
STREAMWOOD, IL. 60107

Classification Numbers

License Number	6012975	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	124	0	13	7	0	180
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	36	124	0	13	7	0	180

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	192	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	157	0	0	0	157
Race Unknown	0	0	0	0	0
Total	180	0	0	0	180

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	171	0	0	0	171
Ethnicity Unknown	0	0	0	0	0
Total	180	0	0	0	180

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	23.00
Certified Aides	69.00
Other Health Staff	9.00
Non-Health Staff	61.00
Totals	178.00

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
40.8%	44.9%	0.0%	5.8%	8.5%	100.0%		
5,761,120	6,340,350	0	813,492	1,202,824	14,117,786	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LIBERTY HOUSE
1304 WEST MACK AVENUE
MARION, IL. 62959

Reference Numbers Facility ID 6005342
Health Service Area 005 Planning Service Area 199

Administrator
STEPHEN BROWN

Contact Person and Telephone
STEPHEN BROWN

Date Completed
3/18/2014

Registered Agent Information
JOHN S. RENDLEMAN
2001 W. MAIN ST STE 101 P.O.BOX 1570
Carbondale, IL 62903

Building		Reported Age
Building 1	LIBERTY HOUSE	28
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	2
Total Discharges 2013	4
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5339	91.4%	0	0	0	0	5339	91.4%	91.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5339	91.4%	0	0	0	0	5339	91.4%	91.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	5	0	0	1	5	6
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	6	8	0	0	6	8	14

LIBERTY HOUSE
1304 WEST MACK AVENUE
MARION, IL. 62959

Classification Numbers

License Number	6005342	
Health Service Area	005	
Planning Service Area	199	Williamson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	110
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.50
Non-Health Staff	1.50
Totals	11.00

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
0.0%	81.1%	16.7%	0.0%	2.2%	100.0%		
0	424,437	87,570	0	11,576	523,583	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LIBERTYVILLE MANOR EXT. CARE FACILITY
610 Peterson Road (HWY. #137)
Libertyville, IL. 60048

Reference Numbers Facility ID 6005359
Health Service Area 008 Planning Service Area 097

Administrator
John Stokovich

Contact Person and Telephone
Milan Stokovich
847-367-6100

Date Completed
4/11/2014

Registered Agent Information
Mr. John Fadder
111 West Washington Street - Suite 1900
Chicago, IL 60602

Building		Reported Age
Building 1	Unit #100	37
Building 2	Unit #200	37
Building 3	Unit #300	25
Building 4	Unit #400	25
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	52
Total Admissions 2013	254
Total Discharges 2013	253
Residents on 12/31/2013	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	14
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	174	174	59	174	53	121	63	32
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	174	174	59	174	53	121	63	32

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4386	19.1%	0	0.0%	0	30	14463	260	19139	30.1%	30.1%
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	4386	19.1%	0	0.0%	0	30	14463	260	19139	30.1%	30.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	1	0	0	0	0	0	0	4	1	5
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	5	26	0	0	0	0	0	0	5	26	31
TOTALS	15	38	0	0	0	0	0	0	15	38	53

LIBERTYVILLE MANOR EXT. CARE FACILITY
610 Peterson Road (HWY. #137)
Libertyville, IL. 60048

Classification Numbers

License Number	6005359	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	0	0	0	29	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	0	0	0	29	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	202
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	6.00
Certified Aides	16.00
Other Health Staff	4.00
Non-Health Staff	23.00
Totals	58.00

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
34.4%	0.0%	0.0%	0.0%	65.6%	100.0%		
1,762,620	0	0	0	3,366,071	5,128,691	48,000	0.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LIEBERMAN CENTER FOR HEALTH & REHAB
9700 GROSS POINT ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID 6005375
Health Service Area 007 Planning Service Area 702

Administrator
Ron Benner

Contact Person and Telephone
CINDY PEDERSEN
847-929-3022

Date Completed
4/2/2014

Registered Agent Information
Joe Atkin, CFO, CJE Senior Life
3003 W. Touhy Avenue
Chicago, IL 60645

Building	Reported Age
Building 1 Lieberman Center	33
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	220
Total Admissions 2013	757
Total Discharges 2013	770
Residents on 12/31/2013	207

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	5
*Nervous System Non Alzheimer	10
Alzheimer Disease	80
Mental Illness	0
Developmental Disability	0
Circulatory System	42
Respiratory System	21
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	33
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	207

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	240	240	223	240	207	33	240	216
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	240	240	223	240	207	33	240	216

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13084	14.9%	52700	66.8%	0	0	11803	0	77587	88.6%	88.6%
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	13084	14.9%	52700	66.8%	0	0	11803	0	77587	88.6%	88.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	5	10	0	0	0	0	0	0	5	10	15
75 to 84	14	19	0	0	0	0	0	0	14	19	33
85+	29	124	0	0	0	0	0	0	29	124	153
TOTALS	51	156	0	0	0	0	0	0	51	156	207

LIEBERMAN CENTER FOR HEALTH & REHAB
9700 GROSS POINT ROAD
SKOKIE, IL. 60076

Classification Numbers

License Number	6005375	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	129	45	13	20	0	0	207
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	129	45	13	20	0	0	207

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	330	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	200	0	0	0	200
Race Unknown	1	0	0	0	1
Total	207	0	0	0	207

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	205	0	0	0	205
Ethnicity Unknown	0	0	0	0	0
Total	207	0	0	0	207

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	39.00
LPN's	4.00
Certified Aides	96.00
Other Health Staff	6.00
Non-Health Staff	77.00
Totals	225.00

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
32.2%	37.2%	0.0%	0.0%	30.7%	100.0%		
6,050,426	6,993,776	0	0	5,772,612	18,816,814	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LINCOLN HOUSE
510 SOUTH KICKAPOO
LINCOLN, IL. 62656

Reference Numbers Facility ID 6005482
Health Service Area 003 Planning Service Area 107

Administrator
Heidi Crank

Contact Person and Telephone
BROOKE BRENNER
217-422-4725

Date Completed
4/2/2014

Registered Agent Information
E ROBERT ANDERSON
1204 N MAIN ST, PO BOX 10
Paris, IL 61944

Building		Reported Age
Building 1	LINCOLN HOUSE	28
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	0
Total Discharges 2013	2
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	14	15	12	3		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	14	15	12	3	0	15

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4775	87.2%	0	0	0	0	4775	87.2%	87.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4775	87.2%	0	0	0	0	4775	87.2%	87.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	2	0	0	2	2	4
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	1	0	0	1	1	2
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	6	6	0	0	6	6	12

LINCOLN HOUSE
510 SOUTH KICKAPOO
LINCOLN, IL. 62656

Classification Numbers

License Number	6005482	
Health Service Area	003	
Planning Service Area	107	Logan

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	114	114
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.13
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.19
LPN's	0.00
Certified Aides	5.52
Other Health Staff	1.00
Non-Health Staff	0.69
Totals	7.53

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%	77.1%	0.0%	0.0%	22.9%	100.0%		
0	413,160	0	0	122,396	535,556	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LINCOLN REHABILITATION CENTER
2650 NORTH MONROE STREET
DECATUR, IL. 62526

Reference Numbers Facility ID 6005508
Health Service Area 004 Planning Service Area 115

Administrator
Jacqueline Liddell

Contact Person and Telephone
Jacqueline Liddell
217-875-1973

Date Completed
4/2/2014

Registered Agent Information
Fred Frankel
8131 N. Monticello Ave
Skokie, IL 60077

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	103
Total Admissions 2013	129
Total Discharges 2013	123
Residents on 12/31/2013	109

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	20
Blood Disorders	2
*Nervous System Non Alzheimer	11
Alzheimer Disease	4
Mental Illness	6
Developmental Disability	0
Circulatory System	8
Respiratory System	15
Digestive System	9
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	109

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 8

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	140	140	120	140	109	31	140	140
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	140	140	120	140	109	31	140	140

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4817	9.4%	35598	69.7%	0	0	3929	0	44344	86.8%	86.8%
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	4817	9.4%	35598	69.7%	0	0	3929	0	44344	86.8%	86.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	2	0	0	0	0	0	0	4	2	6
45 to 59	15	10	0	0	0	0	0	0	15	10	25
60 to 64	5	9	0	0	0	0	0	0	5	9	14
65 to 74	8	10	0	0	0	0	0	0	8	10	18
75 to 84	4	3	0	0	0	0	0	0	4	3	7
85+	10	29	0	0	0	0	0	0	10	29	39
TOTALS	46	63	0	0	0	0	0	0	46	63	109

LINCOLN REHABILITATION CENTER
2650 NORTH MONROE STREET
DECATUR, IL. 62526

Classification Numbers

License Number	6005508	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	92	0	0	6	0	109
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	92	0	0	6	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	20	0	0	0	20
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	109	0	0	0	109

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	89	0	0	0	89
Ethnicity Unknown	20	0	0	0	20
Total	109	0	0	0	109

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	16.00
Certified Aides	48.00
Other Health Staff	4.00
Non-Health Staff	39.00
Totals	119.00

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
7.5%	79.8%	0.0%	1.7%	11.1%	100.0%		
315,152	3,371,872	0	71,974	468,751	4,227,749	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LINCOLN SQUARE
202 SOUTH MAIN STREET
JONESBORO, IL. 62952

Reference Numbers Facility ID 6004170
Health Service Area 005 Planning Service Area 181

Administrator
CHERYL SHERRILL

Contact Person and Telephone
ANITA BEATTY
618-697-1143 OR 618-833-9573

Date Completed
4/3/2014

Registered Agent Information
John Rendleman
2001 W. Main St.
Carbondale, IL 62901

Building		Reported Age
Building 1	Lincoln Square, 2 story group ho	50
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	15	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5473	#Div/0!	0	0	0	0	5473	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5473	0.0%	0	0	0	0	5473	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	6	2	0	0	6	2	8
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	2	1	0	0	2	1	3
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	11	4	0	0	11	4	15

LINCOLN SQUARE
202 SOUTH MAIN STREET
JONESBORO, IL. 62952

Classification Numbers

License Number	6004170	
Health Service Area	005	
Planning Service Area	181	Union

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	109	99
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	12.00

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
0.0%	79.5%	19.7%	0.0%	0.9%	100.0%		
0	429,363	106,315	0	4,633	540,311	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LINCOLN TERRACE
2324 NORTH KICKAPOO STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6012041
Health Service Area 003 Planning Service Area 107

Administrator
Adam Tabor

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Building	Reported Age
Building 1 Lincoln Terrace	24
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5452	93.4%	0	0	0	0	5452	93.4%	93.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5452	93.4%	0	0	0	0	5452	93.4%	93.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	1	0	0	2	1	3
45 to 59	0	0	0	0	5	2	0	0	5	2	7
60 to 64	0	0	0	0	2	2	0	0	2	2	4
65 to 74	0	0	0	0	1	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	0	0	0	0	10	5	0	0	10	5	15

LINCOLN TERRACE
2324 NORTH KICKAPOO STREET
LINCOLN, IL. 62656

Classification Numbers

License Number	6012041	
Health Service Area	003	
Planning Service Area	107	Logan

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	111
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	611,275	0	0	0	611,275	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LINCOLNWOOD PLACE
7000 NORTH MCCORMICK BLVD
LINCOLNWOOD, IL. 60712

Reference Numbers Facility ID 6013213
Health Service Area 007 Planning Service Area 702

Administrator
Moira L. Tannen

Contact Person and Telephone
MOIRA L. TANNEN
847-329-2410

Date Completed
3/21/2013

Registered Agent Information
Steven Levy
111 East Wacker Drive
Chicago, IL 60601

Continuing Care Retirement Community

Building	Reported Age
Building 1	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	31
Total Admissions 2013	212
Total Discharges 2013	208
Residents on 12/31/2013	35

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	35

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	40	40	40	40	35	5	40	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	25	25	25	25	24	1		
TOTAL BEDS	65	65	65	65	59	6	40	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7121	48.8%	0	0.0%	0	304	4838	0	12263	84.0%	84.0%
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	8962	0	8962	98.2%	98.2%
TOTALS	7121	48.8%	0	0.0%	0	304	13800	0	21225	89.5%	89.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	1	0	2	1	3
75 to 84	3	4	0	0	0	0	0	7	3	11	14
85+	7	19	0	0	0	0	4	12	11	31	42
TOTALS	11	24	0	0	0	0	5	19	16	43	59

LINCOLNWOOD PLACE
7000 NORTH MCCORMICK BLVD
LINCOLNWOOD, IL. 60712

Classification Numbers

License Number	6013213	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	0	0	0	16	0	35
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	24	0	24
TOTALS	19	0	0	0	40	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	295	270
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	149	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	1	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	23	58
Race Unknown	0	0	0	0	0
Total	35	0	0	24	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	34	0	0	24	58
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	24	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	2.00
Certified Aides	21.00
Other Health Staff	12.00
Non-Health Staff	17.00
Totals	66.00

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
72.5%	0.0%	0.0%	2.4%	25.1%	100.0%		
3,735,944	0	0	126,048	1,291,312	5,153,304	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LINDEN ESTATE
1000 LINDEN STREET
MORTON, IL. 61550

Reference Numbers Facility ID 6014054
Health Service Area 002 Planning Service Area 179

Administrator
Crystal J. Streitmatter

Contact Person and Telephone
Michael A. Prevo
309-266-9781

Date Completed
3/25/2014

Registered Agent Information
Ron Messner
2125 Veterans Road
Morton, IL 61550

Building	Reported Age
Building 1 Linden Estate	19
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	6
Total Discharges 2013	6
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5385	92.2%	0	0	0	0	5385	92.2%	92.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5385	92.2%	0	0	0	0	5385	92.2%	92.2%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	1	0	0	3	1	4
45 to 59	0	0	0	0	5	3	0	0	5	3	8
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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	8	7	0	0	8	7	15

LINDEN ESTATE
1000 LINDEN STREET
MORTON, IL. 61550

Classification Numbers

License Number	6014054	
Health Service Area	002	
Planning Service Area	179	Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	118	118
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	0.50
LPN's	0.00
Certified Aides	10.90
Other Health Staff	1.00
Non-Health Staff	0.70
Totals	13.60

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%	76.7%	0.0%	0.0%	23.3%	100.0%		
0	489,698	0	0	149,055	638,753	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LINTON TERRACE
330 LINTON AVENUE
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6013957
Health Service Area 011 Planning Service Area 119

Administrator
James Haney

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Linton Terrace	19
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1460	######	0	0	0	0	1460	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	######	0	0	0	0	1460	100.0%	100.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	2	2	0	0	2	2	4

LINTON TERRACE
330 LINTON AVENUE
WOOD RIVER, IL. 62095

Classification Numbers

License Number	6013957	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	210
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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	307,813	0	0	0	307,813	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LITCHFIELD CARE CENTER
1024 EAST TYLER
LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6000095
Health Service Area 003 Planning Service Area 135

Administrator
Barbara Lowry

Contact Person and Telephone
Barb Lowry
217-324-3842

Date Completed
4/26/2014

Registered Agent Information

Building		Reported Age
Building 1	Litchfield Care Center Main Build	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	61
Total Admissions 2013	42
Total Discharges 2013	42
Residents on 12/31/2013	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	43
Developmental Disability	0
Circulatory System	0
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 43

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	65	65	65	65	61	4	0	65
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	65	65	65	65	61	4	0	65

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	21727	91.6%	0	0	717	0	22444	94.6%	94.6%
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	0	0.0%	21727	91.6%	0	0	717	0	22444	94.6%	94.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	1	0	0	0	0	0	0	7	1	8
45 to 59	13	1	0	0	0	0	0	0	13	1	14
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	7	14	0	0	0	0	0	0	7	14	21
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	38	23	0	0	0	0	0	0	38	23	61

LITCHFIELD CARE CENTER
1024 EAST TYLER
LITCHFIELD, IL. 62056

Classification Numbers

License Number	6000095	
Health Service Area	003	
Planning Service Area	135	Montgomery

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	59	0	0	2	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	59	0	0	2	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	4.00
Certified Aides	12.00
Other Health Staff	2.00
Non-Health Staff	17.00
Totals	39.00

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
0.0%	95.2%	0.0%	0.0%	4.8%	100.0%		
0	2,060,206	0	0	103,965	2,164,171	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LITTLE ANGELS
1435 SUMMIT STREET
ELGIN, IL. 60120

Reference Numbers Facility ID 6005524
Health Service Area 007 Planning Service Area 701

Administrator
SHELLEY LEWIS

Contact Person and Telephone
SHELLEY LEWIS
847-741-1609 Ext.103

Date Completed
2/28/2014

Registered Agent Information
Nicholas J Lynn c/o Duane Morris LLP
190 South LaSalle Street Suite 3700
Chicago, IL 60603

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	56
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	56

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Original Residential Facility	45
Building 2	Addiiton to Facility	37
Building 3	Addition to Facility	14
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	56
Total Admissions 2013	5
Total Discharges 2013	5
Residents on 12/31/2013	56

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	57	57	57	57	56	1		55
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	57	57	57	57	56	1	0	55

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			19916	99.2%	0	0	0	0	19916	95.7%	95.7%
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	0	0.0%	19916	99.2%	0	0	0	0	19916	95.7%	95.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	2	4	0	0	0	0	2	4	6
18 to 44	0	0	20	26	0	0	0	0	20	26	46
45 to 59	0	0	2	1	0	0	0	0	2	1	3
60 to 64	0	0	1	0	0	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	25	31	0	0	0	0	25	31	56

LITTLE ANGELS
1435 SUMMIT STREET
ELGIN, IL. 60120

Classification Numbers

License Number	6005524	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	56	0	0	0	0	56
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	56	0	0	0	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	250	250
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	1	0	0	1
American Indian	0	0	0	0	0
Black	0	10	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	45	0	0	45
Race Unknown	0	0	0	0	0
Total	0	56	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	11	0	0	11
Non-Hispanic	0	45	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	0	56	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	4.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.21
LPN's	4.46
Certified Aides	53.91
Other Health Staff	3.06
Non-Health Staff	14.69
Totals	91.33

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	4,434,889	0	0	0	4,434,889	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LITTLE SISTERS OF THE POOR
2325 NORTH LAKEWOOD AVENUE
CHICAGO, IL. 60614

Reference Numbers Facility ID 6005563
Health Service Area 006 Planning Service Area 602

Administrator
Sister Mary Fisher

Contact Person and Telephone
Sister Anne Joseph Doyle
773-935-9600

Date Completed
4/4/2014

Registered Agent Information
Edward X Clinton
111 W. Washington St, Suite 1437
Chicago, IL 60602

Building		Reported Age
Building 1	2 Stories Building	34
Building 2	5 Stories Building	59
Building 3	Auditorium	59
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	72
Total Admissions 2013	17
Total Discharges 2013	23
Residents on 12/31/2013	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	36
Respiratory System	5
Digestive System	7
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	76	76	74	76	67	9	0	76
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	76	76	74	76	67	9	0	76

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	24252	87.4%	0	0	1138	0	25390	91.5%	91.5%
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	0	0.0%	24252	87.4%	0	0	1138	0	25390	91.5%	91.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85+	10	33	0	0	0	0	0	0	10	33	43
TOTALS	18	49	0	0	0	0	0	0	18	49	67

LITTLE SISTERS OF THE POOR
2325 NORTH LAKEWOOD AVENUE
CHICAGO, IL. 60614

Classification Numbers

License Number	6005563	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	62	0	0	5	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	62	0	0	5	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	7.00
Certified Aides	43.00
Other Health Staff	1.00
Non-Health Staff	35.00
Totals	99.00

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
0.0%	94.6%	0.0%	0.0%	5.4%	100.0%		
0	2,176,729	0	0	124,733	2,301,462	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LUTHERAN CARE CENTER
702 WEST CUMBERLAND ROAD
ALTAMONT, IL. 62411

Reference Numbers Facility ID 6005599
Health Service Area 005 Planning Service Area 049

Administrator
Karen Hille

Contact Person and Telephone
KAREN HILLE
618-483-6136

Date Completed
4/1/2014

Registered Agent Information
Karen Hille
702 W. Cumberland Road
Altamont, IL 62411

Building	Reported Age
Building 1 Skilled Care Facility	45
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	73
Total Admissions 2013	47
Total Discharges 2013	46
Residents on 12/31/2013	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	6
Digestive System	6
Genitourinary System Disorders	9
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	7
Other Medical Conditions	12
Non-Medical Conditions	4
TOTALS	74

Total Residents Diagnosed as Mentally Ill 24

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	96	96	79	96	74	22	96	96
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	96	96	79	96	74	22	96	96

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1960	5.6%	8869	25.3%	301	19	16424	0	27573	78.7%	78.7%
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	1960	5.6%	8869	25.3%	301	19	16424	0	27573	78.7%	78.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	8	11	0	0	0	0	0	0	8	11	19
85+	9	42	0	0	0	0	0	0	9	42	51
TOTALS	19	55	0	0	0	0	0	0	19	55	74

LUTHERAN CARE CENTER
702 WEST CUMBERLAND ROAD
ALTAMONT, IL. 62411

Classification Numbers

License Number	6005599	
Health Service Area	005	
Planning Service Area	049	Effingham

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	23	1	0	45	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	23	1	0	45	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	133
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	74	0	0	0	74
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	6.00
Certified Aides	24.00
Other Health Staff	8.00
Non-Health Staff	41.00
Totals	86.00

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
14.1%	20.5%	1.4%	0.0%	64.0%	100.0%		
544,218	788,174	54,795	0	2,466,798	3,853,985	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LUTHERAN HOME FOR THE AGED
800 WEST OAKTON STREET
ARLINGTON HEIGHTS, IL. 60004

Reference Numbers Facility ID 6005607
Health Service Area 007 Planning Service Area 701

Administrator
Sarah Kurth

Contact Person and Telephone
SARAH KURTH
847-368-7459

Date Completed
3/25/2014

Registered Agent Information
Roger Paulsberg
800 West Oakton Street
Arlington Heights, IL 60004

Building		Reported Age
Building 1	Olson Pavilion	43
Building 2	Crossroads/Neighborhoods Buil	18
Building 3	Hearthstone Building	18
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	355
Total Admissions 2013	1,422
Total Discharges 2013	1,425
Residents on 12/31/2013	352

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	12
Blood Disorders	5
*Nervous System Non Alzheimer	12
Alzheimer Disease	45
Mental Illness	3
Developmental Disability	0
Circulatory System	63
Respiratory System	25
Digestive System	24
Genitourinary System Disorders	27
Skin Disorders	9
Musculo-skeletal Disorders	27
Injuries and Poisonings	58
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	352

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	334	334	321	334	302	32	264	238
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	58	58	57	58	50	8		
TOTAL BEDS	392	392	378	392	352	40	264	238

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	27826	28.9%	26005	29.9%	0	2704	55404	312	112251	92.1%	92.1%
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	19176	723	19899	94.0%	94.0%
TOTALS	27826	28.9%	26005	29.9%	0	2704	74580	1035	132150	92.4%	92.4%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	9	9	0	0	0	0	0	1	9	10	19
75 to 84	29	53	0	0	0	0	1	3	30	56	86
85+	27	171	0	0	0	0	7	38	34	209	243
TOTALS	65	237	0	0	0	0	8	42	73	279	352

LUTHERAN HOME FOR THE AGED
800 WEST OAKTON STREET
ARLINGTON HEIGHTS, IL. 60004

Classification Numbers

License Number	6005607	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	81	58	0	4	158	1	302
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	48	2	50
TOTALS	81	58	0	4	206	3	352

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	396	356
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	276	248

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	299	0	0	50	349
Race Unknown	0	0	0	0	0
Total	302	0	0	50	352

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	301	0	0	50	351
Ethnicity Unknown	0	0	0	0	0
Total	302	0	0	50	352

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	63.98
LPN's	16.68
Certified Aides	178.13
Other Health Staff	39.73
Non-Health Staff	166.66
Totals	467.18

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
27.1%	9.9%	0.0%	0.0%	63.0%	100.0%		
12,676,636	4,654,083	0	0	29,504,106	46,834,825	2,391,140	5.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LYDIA HEALTHCARE
13901 SOUTH LYDIA
ROBBINS, IL. 60472

Reference Numbers Facility ID 6005623
Health Service Area 007 Planning Service Area 705

Administrator
Susan Simonsen

Contact Person and Telephone
Kristen Hendricks
708-377-7938

Date Completed
2/27/2014

Registered Agent Information
Caroline Walker
13901 S. Lydia Ave.
Robbins, IL 60472

Life Care Facility

Building	Reported Age
Building 1 High Rise	39
Building 2 Low Rise	47
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	389
Total Admissions 2013	245
Total Discharges 2013	256
Residents on 12/31/2013	378

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	378
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	378

Total Residents Diagnosed as Mentally Ill 378

Total Residents Reported as Identified Offenders 79

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	412	412	412	412	378	34	0	412
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	412	412	412	412	378	34	0	412

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	68094	45.3%	3928	52165	684	0	124871	83.0%	83.0%
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	0	0.0%	68094	45.3%	3928	52165	684	0	124871	83.0%	83.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	251	100	0	0	0	0	0	0	251	100	351
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	18	6	0	0	0	0	0	0	18	6	24
75 to 84	0	2	0	0	0	0	0	0	0	2	2
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	270	108	0	0	0	0	0	0	270	108	378

LYDIA HEALTHCARE
13901 SOUTH LYDIA
ROBBINS, IL. 60472

Classification Numbers

License Number	6005623	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	214	12	149	3	0	378
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	214	12	149	3	0	378

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	293	0	0	0	293
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	378	0	0	0	378

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	363	0	0	0	363
Ethnicity Unknown	0	0	0	0	0
Total	378	0	0	0	378

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	27.00
Certified Aides	55.00
Other Health Staff	24.00
Non-Health Staff	95.00
Totals	205.00

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
0.0%	57.9%	2.9%	38.7%	0.5%	100.0%		
0	8,980,310	451,720	5,998,975	78,660	15,509,665	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LYNHAVEN
1108 ENGINEER ROAD
PONTOON BEACH, IL. 62040

Reference Numbers Facility ID 6012546
Health Service Area 011 Planning Service Area 119

Administrator
Tammy Marsh

Contact Person and Telephone
Tammy Marsh
618-465-0044 ext 1609

Date Completed
3/29/2014

Registered Agent Information
Tom Moehn
4 Emmie Kaus Lane
Alton, IL 62002

Building		Reported Age
Building 1	Alton Bluffs	24
Building 2	Fosterburg	19
Building 3	Lewis & Clark	22
Building 4	Lynhaven	23
Building 5	Twin Rivers	22

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	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	11
Total Admissions 2013	1
Total Discharges 2013	0
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	12	12	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	12	12	12	4	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4414	75.6%	0	0	0	0	4414	75.6%	75.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4414	75.6%	0	0	0	0	4414	75.6%	75.6%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	2	0	0	3	2	5
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	7	5	0	0	7	5	12

LYNHAVEN
1108 ENGINEER ROAD
PONTOON BEACH, IL. 62040

Classification Numbers

License Number	6012546	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	12.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	509,728	0	0	0	509,728	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LYNWOOD ESTATES
301 RODDY ROAD
SALEM, IL. 62881

Reference Numbers Facility ID 6012520
Health Service Area 005 Planning Service Area 121

Administrator
Cara Stallard

Contact Person and Telephone
CARA STALLARD
618-548-0353

Date Completed
3/4/2014

Registered Agent Information
Bill Crain
623 E. Broadway
Centralia, IL 62801

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	3
Total Discharges 2013	4
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5342	91.5%	0	0	0	0	5342	91.5%	91.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5342	91.5%	0	0	0	0	5342	91.5%	91.5%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	3	0	0	0	3	3
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	3	4	0	0	3	4	7
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	5	9	0	0	5	9	14

LYNWOOD ESTATES
301 RODDY ROAD
SALEM, IL. 62881

Classification Numbers

License Number	6012520	
Health Service Area	005	
Planning Service Area	121	Marion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	116	116
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	1.00
Certified Aides	10.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	14.00

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
0.0%	86.5%	1.8%	0.0%	11.7%	100.0%		
0	532,644	11,141	0	71,857	615,642	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LYNWOOD TERRACE
2317 EAST 207TH STREET
LYNWOOD, IL. 60411

Reference Numbers Facility ID 6013809
Health Service Area 007 Planning Service Area 705

Administrator
Bobbie Camacho

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building		Reported Age
Building 1	Lynwood Terrace	20
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	6
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	4	2	0	0	4	2	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	4	2	0	0	4	2	6

LYNWOOD TERRACE
2317 EAST 207TH STREET
LYNWOOD, IL. 60411

Classification Numbers

License Number	6013809	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	203
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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	440,967	0	0	0	440,967	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LYONS COURT
4405 WEST LYONS COURT
PEORIA, IL. 61615

Reference Numbers Facility ID 6013411
Health Service Area 002 Planning Service Area 143

Administrator
Autumn Ostergaard

Contact Person and Telephone
Autumn Ostergaard
309-219-4997

Date Completed
4/4/2014

Registered Agent Information
Julie Kim Cornwell
29817 Woodfield Dr
Mackinaw, IL 61755

Building	Reported Age
Building 1 Lyons	22
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	4
Total Discharges 2013	4
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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	4

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			1456	99.7%	0	0	0	0	1456	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1456	99.7%	0	0	0	0	1456	99.7%	99.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	2	0	0	0	2	2
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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	0	4	0	0	0	4	4

LYONS COURT
4405 WEST LYONS COURT
PEORIA, IL. 61615

Classification Numbers

License Number	6013411	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	167	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	3	0	3
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.20
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	3.75
Totals	4.45

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%	85.1%	0.0%	0.0%	14.9%	100.0%		
0	208,296	0	0	36,584	244,880	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MADISON TERRACE
95 NORTH MAIN
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6013940
Health Service Area 011 Planning Service Area 119

Administrator
James Haney

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Madison	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			1444	98.9%	0	0	0	0	1444	98.9%	98.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1444	98.9%	0	0	0	0	1444	98.9%	98.9%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	1	0	1
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	3	1	0	0	3	1	4

MADISON TERRACE
95 NORTH MAIN
WOOD RIVER, IL. 62095

Classification Numbers

License Number	6013940	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	210
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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	308,691	0	0	0	308,691	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MAHONEY HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010318
Health Service Area 006 Planning Service Area 601

Administrator
Mary Pat O'Brien

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Date Completed
3/22/2014

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Building	Reported Age
Building 1 Mahoney House	31
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	0
Total Discharges 2013	12
Residents on 12/31/2013	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	######	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	######	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	10	0	0	0	10	10
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	0	12	0	0	0	12	12

MAHONEY HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Classification Numbers

License Number	6010318	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	6.84
Other Health Staff	2.87
Non-Health Staff	0.33
Totals	10.44

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%	87.5%	0.0%	0.0%	12.5%	100.0%		
0	620,411	0	0	88,925	709,336	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR CARE - ELK GROVE VILLAGE
1920 NERGE ROAD
ELK GROVE VILLAGE, IL. 60007

Reference Numbers Facility ID 6012686
Health Service Area 007 Planning Service Area 701

Administrator
Brian Gross

Contact Person and Telephone
Anthony Harwood
419-254-5359

Date Completed
4/3/2014

Registered Agent Information
Manor Care Elk Grove Village, IL, LLC
1920 Nerge Road
Elk Grove Village, IL 60007

Life Care Facility

Building		Reported Age
Building 1	One storey Brick Structure	34
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	157
Total Admissions 2013	1,081
Total Discharges 2013	1,063
Residents on 12/31/2013	175

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	24
Digestive System	2
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	87
Non-Medical Conditions	0
TOTALS	175

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	190	183	183	183	175	15	190	190
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	190	183	183	183	175	15	190	190

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	27348	39.4%	23311	33.6%	13	5926	6102	0	62700	90.4%	93.9%
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	27348	39.4%	23311	33.6%	13	5926	6102	0	62700	90.4%	93.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	6	5	0	0	0	0	0	0	6	5	11
60 to 64	4	8	0	0	0	0	0	0	4	8	12
65 to 74	9	13	0	0	0	0	0	0	9	13	22
75 to 84	19	31	0	0	0	0	0	0	19	31	50
85+	13	66	0	0	0	0	0	0	13	66	79
TOTALS	52	123	0	0	0	0	0	0	52	123	175

MANOR CARE - ELK GROVE VILLAGE
1920 NERGE ROAD
ELK GROVE VILLAGE, IL. 60007

Classification Numbers

License Number	6012686	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	78	62	0	18	17	0	175
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	78	62	0	18	17	0	175

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	408	381
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	1	0	0	0	1
White	160	0	0	0	160
Race Unknown	5	0	0	0	5
Total	175	0	0	0	175

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	168	0	0	0	168
Ethnicity Unknown	5	0	0	0	5
Total	175	0	0	0	175

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	34.00
LPN's	7.00
Certified Aides	55.00
Other Health Staff	69.00
Non-Health Staff	18.00
Totals	186.00

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
65.5%	13.7%	0.1%	12.4%	8.3%	100.0%		
14,625,379	3,066,843	24,277	2,772,883	1,853,530	22,342,912	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR CARE - NAPERVILLE
200 WEST MARTIN AVENUE
NAPERVILLE, IL. 60540

Reference Numbers Facility ID 6000251
Health Service Area 007 Planning Service Area 703

Administrator
Jennifer Miller

Contact Person and Telephone
Anthony Harwood

Date Completed
4/3/2014

Registered Agent Information
CT Systems
208 S. LaSalle Street
Chicago, IL 60604

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	76
Total Admissions 2013	969
Total Discharges 2013	973
Residents on 12/31/2013	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	1
Developmental Disability	0
Circulatory System	12
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	4
Musculo-skeletal Disorders	17
Injuries and Poisonings	8
Other Medical Conditions	7
Non-Medical Conditions	1
TOTALS	72

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	118	98	98	93	72	46	115	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	118	98	98	93	72	46	115	115

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15688	37.4%	6697	16.0%	559	7392	2288	0	32624	75.7%	91.2%
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	15688	37.4%	6697	16.0%	559	7392	2288	0	32624	75.7%	91.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	1	0	0	0	0	0	0	1	1	2
45 to 59	3	6	0	0	0	0	0	0	3	6	9
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	5	10	0	0	0	0	0	0	5	10	15
75 to 84	6	15	0	0	0	0	0	0	6	15	21
85+	5	15	0	0	0	0	0	0	5	15	20
TOTALS	22	50	0	0	0	0	0	0	22	50	72

MANOR CARE - NAPERVILLE
200 WEST MARTIN AVENUE
NAPERVILLE, IL. 60540

Classification Numbers

License Number	6000251	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	14	0	20	3	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	35	14	0	20	3	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	269
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	7.00
Certified Aides	48.00
Other Health Staff	25.00
Non-Health Staff	50.00
Totals	163.00

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
62.7%	7.6%	0.5%	23.0%	6.2%	100.0%		
8,799,908	1,060,089	73,457	3,226,626	870,697	14,030,777	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR CARE OF ARLINGTON HEIGHTS
715 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL. 60005

Reference Numbers Facility ID 6000228
Health Service Area 007 Planning Service Area 701

Administrator
Clara Leonard

Contact Person and Telephone
Anthony Harwood
419-254-5359

Date Completed
4/2/2014

Registered Agent Information
CT Corporation
2008 South LaSalle St.
Chicago, IL 60604

Building		Reported Age
Building 1	Manor Care of Arlington Heights	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	105
Total Admissions 2013	978
Total Discharges 2013	983
Residents on 12/31/2013	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	7
Digestive System	5
Genitourinary System Disorders	6
Skin Disorders	7
Musculo-skeletal Disorders	15
Injuries and Poisonings	16
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	151	126	124	126	100	51	151	129
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	151	126	124	126	100	51	151	129

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	16758	30.4%	11274	23.9%	10	5455	4873	0	38370	69.6%	83.4%
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	16758	30.4%	11274	23.9%	10	5455	4873	0	38370	69.6%	83.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	6	0	0	0	0	0	0	0	6	0	6
60 to 64	5	1	0	0	0	0	0	0	5	1	6
65 to 74	12	11	0	0	0	0	0	0	12	11	23
75 to 84	11	21	0	0	0	0	0	0	11	21	32
85+	9	23	0	0	0	0	0	0	9	23	32
TOTALS	43	57	0	0	0	0	0	0	43	57	100

MANOR CARE OF ARLINGTON HEIGHTS
715 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL. 60005

Classification Numbers

License Number	6000228	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	44	31	0	11	14	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	44	31	0	11	14	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	425	248
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	14	0	0	0	14
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	100	0	0	0	100
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	4.00
Certified Aides	37.00
Other Health Staff	22.00
Non-Health Staff	30.00
Totals	122.00

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
62.0%	8.3%	1.4%	19.6%	8.7%	100.0%		
8,625,692	1,161,695	190,318	2,730,110	1,213,263	13,921,078	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR CARE OF HIGHLAND PARK
2773 SKOKIE VALLEY ROAD
HIGHLAND PARK, IL. 60035

Reference Numbers Facility ID 6014963
Health Service Area 008 Planning Service Area 097

Administrator
Tam Wagner

Contact Person and Telephone
Anthony Harwood
419-252-5359

Date Completed
3/28/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	116
Total Admissions 2013	535
Total Discharges 2013	537
Residents on 12/31/2013	114

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	29
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	58
Non-Medical Conditions	0
TOTALS	114

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	215	215	130	130	114	101	191	113
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	215	215	130	130	114	101	191	113

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12797	18.4%	20548	49.8%	0	1643	6320	0	41308	52.6%	52.6%
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	12797	18.4%	20548	49.8%	0	1643	6320	0	41308	52.6%	52.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	1	5	0	0	0	0	0	0	1	5	6
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	13	24	0	0	0	0	0	0	13	24	37
85+	17	36	0	0	0	0	0	0	17	36	53
TOTALS	39	75	0	0	0	0	0	0	39	75	114

MANOR CARE OF HIGHLAND PARK
2773 SKOKIE VALLEY ROAD
HIGHLAND PARK, IL. 60035

Classification Numbers

License Number	6014963	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	59	0	6	17	0	114
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	32	59	0	6	17	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	429	331
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	114	0	0	0	114

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	0	0	0	0	0
Total	114	0	0	0	114

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	9.00
Certified Aides	60.00
Other Health Staff	26.00
Non-Health Staff	32.00
Totals	159.00

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
58.0%	21.2%	1.0%	5.6%	14.2%	100.0%		
7,095,433	2,598,419	122,575	687,338	1,734,249	12,238,014	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR CARE OF LIBERTYVILLE
1500 SOUTH MILWAUKEE AVENUE
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6010482
Health Service Area 008 Planning Service Area 097

Administrator
theresa smelser

Contact Person and Telephone
Anthony Harwood
800-427-1902

Date Completed
4/2/2014

Registered Agent Information
CT Corporation
208 S. LaSalle Street STE 814
Chicago, IL 60604

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	13
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	4
Musculo-skeletal Disorders	36
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	116

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	ManorCare of Libertyville	27
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	106
Total Admissions 2013	879
Total Discharges 2013	869
Residents on 12/31/2013	116

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	139	127	139	116	34	150	61
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	139	127	139	116	34	150	61

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16258	29.7%	15221	68.4%	924	4943	3108	0	40454	73.9%	79.7%
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	16258	29.7%	15221	68.4%	924	4943	3108	0	40454	73.9%	79.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	3	0	0	0	0	0	0	3	3	6
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	9	14	0	0	0	0	0	0	9	14	23
75 to 84	11	16	0	0	0	0	0	0	11	16	27
85+	8	34	0	0	0	0	0	0	8	34	42
TOTALS	42	74	0	0	0	0	0	0	42	74	116

MANOR CARE OF LIBERTYVILLE
1500 SOUTH MILWAUKEE AVENUE
LIBERTYVILLE, IL. 60048

Classification Numbers

License Number	6010482	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	44	37	1	23	11	0	116
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	44	37	1	23	11	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	347	292
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	0	0	0	0	0
Total	116	0	0	0	116

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	112	0	0	0	112
Ethnicity Unknown	0	0	0	0	0
Total	116	0	0	0	116

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	10.00
Certified Aides	45.00
Other Health Staff	37.00
Non-Health Staff	18.00
Totals	136.00

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
63.1%	17.3%	0.5%	14.6%	4.5%	100.0%		
9,064,002	2,478,346	75,512	2,089,425	646,010	14,353,295	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR CARE OF ROLLING MEADOWS
4225 KIRCHOFF ROAD
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6000327
Health Service Area 007 Planning Service Area 701

Administrator
Lawrence J. Putz

Contact Person and Telephone
Anthony Harwood

Date Completed
3/28/2014

Registered Agent Information
CT Corporation System, Registered Age
208 S, LaSalle St., STE 814
Chicago, IL 60604

Building		Reported Age
Building 1	Manor Care of Rolling Meadows	38
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	104
Total Admissions 2013	361
Total Discharges 2013	355
Residents on 12/31/2013	110

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	17
Digestive System	0
Genitourinary System Disorders	9
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	4
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	110

Total Residents Diagnosed as Mentally Ill 29

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	155	127	116	127	110	45	155	152
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	155	127	116	127	110	45	155	152

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7053	12.5%	21718	39.1%	0	1369	7413	0	37553	66.4%	81.0%
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	7053	12.5%	21718	39.1%	0	1369	7413	0	37553	66.4%	81.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	6	21	0	0	0	0	0	0	6	21	27
85+	11	46	0	0	0	0	0	0	11	46	57
TOTALS	27	83	0	0	0	0	0	0	27	83	110

MANOR CARE OF ROLLING MEADOWS
4225 KIRCHOFF ROAD
ROLLING MEADOWS, IL. 60008

Classification Numbers

License Number	6000327	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	51	0	7	29	0	110
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	51	0	7	29	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	293	247
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	0	0	0	0	0
Total	110	0	0	0	110

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.18
LPN's	7.86
Certified Aides	40.61
Other Health Staff	17.81
Non-Health Staff	16.90
Totals	103.36

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
41.1%	29.4%	5.5%	5.7%	18.3%	100.0%		
3,616,594	2,583,432	480,166	500,289	1,610,059	8,790,540	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR CARE OF WILMETTE
432 POPLAR DRIVE
WILMETTE, IL. 60091

Reference Numbers Facility ID 6006563
Health Service Area 007 Planning Service Area 702

Administrator
Danielle Wilson-Kramer

Contact Person and Telephone
Anthony Harwood
419-254-5359

Date Completed
4/3/2014

Registered Agent Information
CTS Corporation
208 LaSalle St.
Chicago, IL 60604

Building		Reported Age
Building 1	432 poplar Dr. Wilmette, IL. 600	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	71
Total Admissions 2013	209
Total Discharges 2013	213
Residents on 12/31/2013	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	14
Mental Illness	9
Developmental Disability	0
Circulatory System	12
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	6
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 42

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	79	76	79	67	13	80	57
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	79	76	79	67	13	80	57

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4456	15.3%	15229	73.2%	0	576	4883	0	25144	86.1%	87.2%
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	4456	15.3%	15229	73.2%	0	576	4883	0	25144	86.1%	87.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	5	2	0	0	0	0	0	0	5	2	7
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	8	7	0	0	0	0	0	0	8	7	15
85+	7	20	0	0	0	0	0	0	7	20	27
TOTALS	28	39	0	0	0	0	0	0	28	39	67

MANOR CARE OF WILMETTE
432 POPLAR DRIVE
WILMETTE, IL. 60091

Classification Numbers

License Number	6006563	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	46	0	3	9	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	46	0	3	9	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	351	262
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	3	0	0	0	3
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	2.00
Certified Aides	26.00
Other Health Staff	12.00
Non-Health Staff	24.00
Totals	81.00

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
48.9%	33.9%	1.2%	2.4%	13.5%	100.0%		
3,153,551	2,184,606	76,340	157,596	871,983	6,444,076	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR COURT OF CLINTON
1PARK LANE WEST
CLINTON, IL. 61727

Reference Numbers Facility ID 6015879
Health Service Area 004 Planning Service Area 039

Administrator
Jennifer Westbrooks

Contact Person and Telephone
JENNIFER WESTBROOKS
217-935-8500

Date Completed
3/18/2014

Registered Agent Information

Continuing Care Retirement Community

Building		Reported Age
Building 1	Manor Court of Clinton	9
Building 2	Hawthorne Inn of Clinton	9
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	100
Total Admissions 2013	179
Total Discharges 2013	157
Residents on 12/31/2013	122

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	12
Blood Disorders	2
*Nervous System Non Alzheimer	7
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	0
Circulatory System	35
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	18
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	122

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	134	134	129	134	122	12	134	134
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	134	134	129	134	122	12	134	134

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7935	16.2%	20616	42.2%	638	1140	10589	0	40918	83.7%	83.7%
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	7935	16.2%	20616	42.2%	638	1140	10589	0	40918	83.7%	83.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	12	0	0	0	0	0	0	5	12	17
75 to 84	9	17	0	0	0	0	0	0	9	17	26
85+	21	53	0	0	0	0	0	0	21	53	74
TOTALS	36	86	0	0	0	0	0	0	36	86	122

MANOR COURT OF CLINTON
1PARK LANE WEST
CLINTON, IL. 61727

Classification Numbers

License Number	6015879	
Health Service Area	004	
Planning Service Area	039	DeWitt

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	63	0	0	33	0	122
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	63	0	0	33	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	0	0	0	0	0
Total	122	0	0	0	122

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	122	0	0	0	122
Ethnicity Unknown	0	0	0	0	0
Total	122	0	0	0	122

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	15.00
Certified Aides	90.00
Other Health Staff	0.00
Non-Health Staff	60.00
Totals	180.00

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
38.8%	29.6%	0.9%	3.0%	27.6%	100.0%		
3,351,907	2,558,625	79,176	260,671	2,380,613	8,630,992	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR COURT OF FREEPORT
2170 WEST NAVAJO DRIVE
FREEPORT, IL. 61032

Reference Numbers Facility ID 6016133
Health Service Area 001 Planning Service Area 177

Administrator
Andres Bardelas

Contact Person and Telephone
ANDRES BARDELAS
815-233-2400

Date Completed
4/3/2014

Registered Agent Information
J. Michael Bibo
285 S Farnham St
Galesburg, IL 61401

Continuing Care Retirement Community

Building		Reported Age
Building 1	Manor Court - Nursing Center	8
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	93
Total Admissions 2013	232
Total Discharges 2013	238
Residents on 12/31/2013	87

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	30
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	14
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	87

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	96	96	96	96	87	9	96	64
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	12	12	0	0	0		
TOTAL BEDS	96	108	108	96	87	9	96	64

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4525	12.9%	6190	26.5%	227	215	20450	0	31607	90.2%	90.2%
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	1931	0	1931	0.0%	44.1%
TOTALS	4525	12.9%	6190	26.5%	227	215	22381	0	33538	95.7%	85.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85+	12	50	0	0	0	0	0	0	12	50	62
TOTALS	18	69	0	0	0	0	0	0	18	69	87

MANOR COURT OF FREEPORT
2170 WEST NAVAJO DRIVE
FREEPORT, IL. 61032

Classification Numbers

License Number	6016133	
Health Service Area	001	
Planning Service Area	177	Stephenson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	16	1	0	57	0	87
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	16	1	0	57	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	87	0	0	0	87

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	8.00
Certified Aides	50.00
Other Health Staff	4.00
Non-Health Staff	38.00
Totals	112.00

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
29.1%	12.9%	0.6%	2.1%	55.3%	100.0%		
2,130,086	947,239	41,008	151,403	4,045,778	7,315,514	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Court of Maryville
6955 STATE ROUTE 162
MARYVILLE, IL. 62062

Reference Numbers Facility ID 6013189
Health Service Area 011 Planning Service Area 119

Administrator
John Law

Contact Person and Telephone
JOHN LAW
618-288-3800

Date Completed
3/11/2014

Registered Agent Information
J. Michael Bibo
285 South Farnham
Galesburg, IL 61401

Life Care Facility

Building	Reported Age
Building 1 Manor Court Building	4
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	109
Total Admissions 2013	284
Total Discharges 2013	273
Residents on 12/31/2013	120

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	5
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	5
Developmental Disability	0
Circulatory System	20
Respiratory System	11
Digestive System	8
Genitourinary System Disorders	17
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	15
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	120

Total Residents Diagnosed as Mentally Ill 66

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	132	132	127	132	120	12	132	100
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	132	132	127	132	120	12	132	100

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8631	17.9%	20376	55.8%	2691	0	9417	0	41115	85.3%	85.3%
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	8631	17.9%	20376	55.8%	2691	0	9417	0	41115	85.3%	85.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	7	6	0	0	0	0	0	0	7	6	13
75 to 84	6	27	0	0	0	0	0	0	6	27	33
85+	11	61	0	0	0	0	0	0	11	61	72
TOTALS	24	96	0	0	0	0	0	0	24	96	120

Manor Court of Maryville
6955 STATE ROUTE 162
MARYVILLE, IL. 62062

Classification Numbers

License Number	6013189	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	60	0	10	31	0	120
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	60	0	10	31	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	117	0	0	0	117
Race Unknown	0	0	0	0	0
Total	120	0	0	0	120

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	119	0	0	0	119
Ethnicity Unknown	0	0	0	0	0
Total	120	0	0	0	120

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	17.00
Certified Aides	70.00
Other Health Staff	32.00
Non-Health Staff	23.00
Totals	152.00

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
44.0%	29.7%	4.0%	0.0%	22.3%	100.0%		
3,634,028	2,458,391	328,705	0	1,842,886	8,264,010	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR COURT OF PEORIA
6900 NORTH STALWORTH DRIVE
PEORIA, IL. 61615

Reference Numbers Facility ID 6016190
Health Service Area 002 Planning Service Area 143

Administrator
Linda Patton

Contact Person and Telephone
LINDA PATTON
309-693-1400

Date Completed
3/31/2014

Registered Agent Information

Continuing Care Retirement Community

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	43
Total Admissions 2013	136
Total Discharges 2013	132
Residents on 12/31/2013	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	1
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	50	50	50	50	47	3	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	50	50	50	50	47	3	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4423	0.0%	1604	0.0%	323	957	10854	10	18171	99.6%	99.6%
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	4423	0.0%	1604	0.0%	323	957	10854	10	18171	99.6%	99.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	2	11	0	0	0	0	0	0	2	11	13
85+	8	25	0	0	0	0	0	0	8	25	33
TOTALS	11	36	0	0	0	0	0	0	11	36	47

MANOR COURT OF PEORIA
6900 NORTH STALWORTH DRIVE
PEORIA, IL. 61615

Classification Numbers

License Number	6016190	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	8	0	2	28	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	8	0	2	28	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	5.00
Certified Aides	36.00
Other Health Staff	2.00
Non-Health Staff	29.00
Totals	84.00

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
34.1%	5.6%	1.8%	3.9%	54.7%	100.0%		
1,441,640	235,692	74,695	164,617	2,315,932	4,232,576	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR COURT OF PERU
3230 BECKER DRIVE
PERU, IL. 61354

Reference Numbers Facility ID 6015887
Health Service Area 002 Planning Service Area 099

Administrator
Tiffany Green

Contact Person and Telephone
Tiffany Green
815-220-1400

Date Completed
4/4/2014

Registered Agent Information

Continuing Care Retirement Community

Building		Reported Age
Building 1	Liberty Estates-Independent Livi	13
Building 2	Hawthorne Inn -Assisted Living	13
Building 3	Manor Court of Peru	8
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	71
Total Admissions 2013	415
Total Discharges 2013	410
Residents on 12/31/2013	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	9
Skin Disorders	6
Musculo-skeletal Disorders	19
Injuries and Poisonings	15
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	94	94	94	94	76	18	94	79
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	36	36	29	36	24	12		
TOTAL BEDS	130	130	123	130	100	30	94	79

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13180	38.4%	5958	20.7%	0	65	9082	0	28285	82.4%	82.4%
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	8922	0	8922	67.9%	67.9%
TOTALS	13180	38.4%	5958	20.7%	0	65	18004	0	37207	78.4%	78.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	7	17	0	0	0	0	0	2	7	19	26
85+	10	32	0	0	0	0	2	20	12	52	64
TOTALS	20	56	0	0	0	0	2	22	22	78	100

MANOR COURT OF PERU
3230 BECKER DRIVE
PERU, IL. 61354

Classification Numbers

License Number	6015887	
Health Service Area	002	
Planning Service Area	099	LaSalle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	18	0	0	24	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	24	0	24
TOTALS	34	18	0	0	48	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	158	148

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	24	100
Race Unknown	0	0	0	0	0
Total	76	0	0	24	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	74	0	0	24	98
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	24	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	11.00
Certified Aides	49.00
Other Health Staff	21.00
Non-Health Staff	25.00
Totals	125.00

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
56.8%	9.0%	0.1%	1.9%	32.1%	100.0%		
5,235,411	830,948	11,807	173,758	2,960,923	9,212,847	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR COURT OF PRINCETON
140 NORTH SIXTH STREET
PRINCETON, IL. 61356

Reference Numbers Facility ID 6015861
Health Service Area 002 Planning Service Area 011

Administrator
KATHLEEN J. DILBECK

Contact Person and Telephone
KATHLEEN J. DILBECK
815-875-6600

Date Completed
4/4/2014

Registered Agent Information
Bibo,Michael J.
239 South Cherry Street
Galesburg, IL 61401

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	13
Mental Illness	4
Developmental Disability	0
Circulatory System	16
Respiratory System	8
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	9
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Manor Court of Princeton	9
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	91
Total Admissions 2013	159
Total Discharges 2013	161
Residents on 12/31/2013	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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	125	125	92	125	89	36	125	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	125	125	92	125	89	36	125	98

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4404	9.7%	14661	41.0%	71	252	13961	0	33349	73.1%	73.1%
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	4404	9.7%	14661	41.0%	71	252	13961	0	33349	73.1%	73.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	5	4	0	0	0	0	0	0	5	4	9
85+	16	57	0	0	0	0	0	0	16	57	73
TOTALS	24	65	0	0	0	0	0	0	24	65	89

MANOR COURT OF PRINCETON
140 NORTH SIXTH STREET
PRINCETON, IL. 61356

Classification Numbers

License Number	6015861	
Health Service Area	002	
Planning Service Area	011	Bureau/Putnam

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	35	0	1	42	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	35	0	1	42	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	89	0	0	0	89
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	7.00
Certified Aides	43.00
Other Health Staff	12.00
Non-Health Staff	25.00
Totals	99.00

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
31.3%	25.1%	0.1%	0.7%	42.7%	100.0%		
2,332,916	1,873,867	8,965	51,804	3,185,669	7,453,221	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANORCARE OF ELGIN
180 SOUTH STATE STREET
ELGIN, IL. 60123

Reference Numbers Facility ID 6000277
Health Service Area 008 Planning Service Area 089

Administrator
Pam Crenshaw

Contact Person and Telephone
Anthony Harwood

Registered Agent Information **Date Completed** 4/2/2014

Building		Reported Age
Building 1	Manor Care of Elgin	48
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	79
Total Admissions 2013	210
Total Discharges 2013	219
Residents on 12/31/2013	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	34
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	16
Digestive System	7
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	70

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	88	83	80	83	70	18	88	61
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	88	83	80	83	70	18	88	61

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4752	14.8%	19096	85.8%	0	1533	1287	0	26668	83.0%	88.0%
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	4752	14.8%	19096	85.8%	0	1533	1287	0	26668	83.0%	88.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	2	0	0	0	0	0	0	1	2	3
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	3	20	0	0	0	0	0	0	3	20	23
85+	9	17	0	0	0	0	0	0	9	17	26
TOTALS	22	48	0	0	0	0	0	0	22	48	70

MANORCARE OF ELGIN
180 SOUTH STATE STREET
ELGIN, IL. 60123

Classification Numbers

License Number	6000277	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	53	0	3	3	0	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	53	0	3	3	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	301	259
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	4.50
Certified Aides	24.20
Other Health Staff	8.40
Non-Health Staff	23.70
Totals	75.80

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
40.2%	41.4%	4.6%	10.1%	3.7%	100.0%		
2,359,472	2,429,826	266,985	591,163	215,097	5,862,543	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANORCARE OF HINSDALE
600 WEST OGDEN AVENUE
HINSDALE, IL. 60521

Reference Numbers Facility ID 6006332
Health Service Area 007 Planning Service Area 703

Administrator
Diane Lube

Contact Person and Telephone
Anthony Harwood

Date Completed
3/19/2014

Registered Agent Information
Kate Marrero
600 W. Ogden Avenue
Hinsdale, IL 60521

Building	Reported Age
Building 1 Manorcare Hinsdale	36
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	186
Total Admissions 2013	1,517
Total Discharges 2013	1,533
Residents on 12/31/2013	170

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	9
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	16
Digestive System	1
Genitourinary System Disorders	12
Skin Disorders	6
Musculo-skeletal Disorders	37
Injuries and Poisonings	29
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	170

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	202	189	189	187	170	32	202	54
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	202	189	189	187	170	32	202	54

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	34981	47.4%	5953	30.2%	53	8035	10819	17	59858	81.2%	86.8%
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	34981	47.4%	5953	30.2%	53	8035	10819	17	59858	81.2%	86.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	6	9	0	0	0	0	0	0	6	9	15
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	9	11	0	0	0	0	0	0	9	11	20
75 to 84	21	39	0	0	0	0	0	0	21	39	60
85+	18	50	0	0	0	0	0	0	18	50	68
TOTALS	57	113	0	0	0	0	0	0	57	113	170

MANORCARE OF HINSDALE
600 WEST OGDEN AVENUE
HINSDALE, IL. 60521

Classification Numbers

License Number	6006332	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	102	22	0	18	28	0	170
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	102	22	0	18	28	0	170

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	490	413
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	162	0	0	0	162
Race Unknown	0	0	0	0	0
Total	170	0	0	0	170

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	161	0	0	0	161
Ethnicity Unknown	0	0	0	0	0
Total	170	0	0	0	170

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	33.00
LPN's	24.00
Certified Aides	66.00
Other Health Staff	74.00
Non-Health Staff	41.00
Totals	240.00

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
72.9%	2.3%	0.2%	12.4%	12.3%	100.0%		
21,333,477	671,100	52,744	3,623,101	3,587,127	29,267,549	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANORCARE OF HOMEWOOD
940 MAPLE AVENUE
HOMEWOOD, IL. 60430

Reference Numbers Facility ID 6012611
Health Service Area 007 Planning Service Area 705

Administrator
Tricia

Contact Person and Telephone
Caitlin
708-361-6990

Date Completed
4/2/2014

Registered Agent Information

Building	Reported Age
Building 1	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	106
Total Admissions 2013	627
Total Discharges 2013	625
Residents on 12/31/2013	108

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	1
Circulatory System	17
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	60
Non-Medical Conditions	0
TOTALS	108

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	132	132	131	132	108	24	132	85
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	132	132	131	132	108	24	132	85

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15461	32.1%	16568	53.4%	4142	3099	1461	9	40740	84.6%	84.6%
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	15461	32.1%	16568	53.4%	4142	3099	1461	9	40740	84.6%	84.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	8	15	0	0	0	0	0	0	8	15	23
75 to 84	7	19	0	0	0	0	0	0	7	19	26
85+	6	42	0	0	0	0	0	0	6	42	48
TOTALS	26	82	0	0	0	0	0	0	26	82	108

MANORCARE OF HOMEWOOD
940 MAPLE AVENUE
HOMEWOOD, IL. 60430

Classification Numbers

License Number	6012611	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	46	50	0	9	3	0	108
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	46	50	0	9	3	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	280	245
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	48	0	0	0	48
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	21	0	0	0	21
Total	108	0	0	0	108

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	21	0	0	0	21
Total	108	0	0	0	108

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	19.00
Certified Aides	43.00
Other Health Staff	17.00
Non-Health Staff	23.00
Totals	116.00

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
65.0%	17.3%	4.3%	10.1%	3.2%	100.0%		
8,413,934	2,243,623	562,840	1,306,248	413,207	12,939,852	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	5/17/2012	Added 12 Nursing Care beds to existing facility; facility now has 132 Nursing Care beds.

MANORCARE OF KANKAKEE
900 WEST RIVER PLACE
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6000269
Health Service Area 009 Planning Service Area 091

Administrator
Janet Cantelo

Contact Person and Telephone
Anthony Harwood
800-427-1902

Date Completed
4/4/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	84
Total Admissions 2013	326
Total Discharges 2013	314
Residents on 12/31/2013	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	7
Mental Illness	4
Developmental Disability	0
Circulatory System	20
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	4
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 62

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	107	107	93	107	84	23	107	107
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	107	107	93	107	84	23	107	107

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6667	17.1%	19211	49.2%	0	3042	0	0	28920	74.0%	74.0%
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	6667	17.1%	19211	49.2%	0	3042	0	0	28920	74.0%	74.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	7	7	0	0	0	0	0	0	7	7	14
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	10	0	0	0	0	0	0	0	10	0	10
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	15	24	0	0	0	0	0	0	15	24	39
TOTALS	41	43	0	0	0	0	0	0	41	43	84

MANORCARE OF KANKAKEE
900 WEST RIVER PLACE
KANKAKEE, IL. 60901

Classification Numbers

License Number	6000269	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	53	0	3	7	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	53	0	3	7	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	183
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	34	0	0	0	34
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	8.00
Certified Aides	39.00
Other Health Staff	10.00
Non-Health Staff	21.00
Totals	88.00

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
49.8%	31.4%	5.7%	4.4%	8.8%	100.0%		
3,827,455	2,415,940	435,133	340,172	673,537	7,692,237	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANORCARE OF NORTHBROOK
3300 MILWAUKEE AVENUE
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6015168
Health Service Area 007 Planning Service Area 702

Administrator
Anshu Raina

Contact Person and Telephone
Anthony Harwood
419-254-5359

Date Completed
3/31/2014

Registered Agent Information
CT Corporate System
208 S. Lasalle street, Ste 814
Chicago, IL 60604

Building		Reported Age
Building 1	Main Building 1of 1	15
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	118
Total Admissions 2013	646
Total Discharges 2013	643
Residents on 12/31/2013	121

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	3
Mental Illness	10
Developmental Disability	0
Circulatory System	27
Respiratory System	18
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	3
TOTALS	121

Total Residents Diagnosed as Mentally Ill 63

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	158	142	142	140	121	37	158	129
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	158	142	142	140	121	37	158	129

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10832	18.8%	26900	57.1%	0	2512	4291	0	44535	77.2%	85.9%
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	10832	18.8%	26900	57.1%	0	2512	4291	0	44535	77.2%	85.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	1	0	0	0	0	0	0	0	1	0	1
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	6	12	0	0	0	0	0	0	6	12	18
75 to 84	14	22	0	0	0	0	0	0	14	22	36
85+	13	45	0	0	0	0	0	0	13	45	58
TOTALS	40	81	0	0	0	0	0	0	40	81	121

MANORCARE OF NORTHBROOK
3300 MILWAUKEE AVENUE
NORTHBROOK, IL. 60062

Classification Numbers

License Number	6015168	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	66	0	9	14	0	121
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	32	66	0	9	14	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	326	301
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	0	0	0	0	0
Total	121	0	0	0	121

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	7.00
Certified Aides	42.00
Other Health Staff	24.00
Non-Health Staff	39.00
Totals	137.00

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
53.4%	25.5%	2.5%	7.8%	10.8%	100.0%		
6,557,674	3,130,593	301,934	961,885	1,321,555	12,273,641	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANORCARE OF OAK LAWN EAST
9401 SOUTH KOSTNER AVENUE
OAK LAWN, IL. 60453

Reference Numbers Facility ID 6000236
Health Service Area 007 Planning Service Area 705

Administrator
Marie Hilda Derzsy

Contact Person and Telephone
Anthony Harwood

Date Completed
3/27/2013

Registered Agent Information
CT Corporation System
208 South Lasalle St.

Building		Reported Age
Building 1	9401 S. Kostner Ave	35
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	113
Total Admissions 2013	1,289
Total Discharges 2013	1,308
Residents on 12/31/2013	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	16
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	30
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	122	122	122	122	94	28	122	66
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	122	122	122	122	94	28	122	66

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17656	39.6%	11535	47.9%	106	7423	2026	22	38768	87.1%	87.1%
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	17656	39.6%	11535	47.9%	106	7423	2026	22	38768	87.1%	87.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	15	10	0	0	0	0	0	0	15	10	25
75 to 84	11	14	0	0	0	0	0	0	11	14	25
85+	6	22	0	0	0	0	0	0	6	22	28
TOTALS	39	55	0	0	0	0	0	0	39	55	94

MANORCARE OF OAK LAWN EAST
9401 SOUTH KOSTNER AVENUE
OAK LAWN, IL. 60453

Classification Numbers

License Number	6000236	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	33	1	18	4	2	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	38	33	1	18	4	2	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	259	224
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	55	0	0	0	55
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.70
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	12.00
Certified Aides	35.00
Other Health Staff	32.00
Non-Health Staff	21.00
Totals	122.70

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
70.5%	9.0%	0.3%	16.0%	4.2%	100.0%		
11,198,336	1,423,161	48,564	2,549,419	667,047	15,886,527	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANORCARE OF OAK LAWN WEST
6300 WEST 95TH STREET
OAK LAWN, IL. 60453

Reference Numbers Facility ID 6000343
Health Service Area 007 Planning Service Area 705

Administrator
Karen Petyko

Contact Person and Telephone
Karen Petyko
708-599-8800

Date Completed
3/12/2014

Registered Agent Information
CT Corporation System
208 South Lasalle street, Ste 814
Chicago, IL 60604

Building		Reported Age
Building 1	ManorCare Oak Lawn West	54
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	136
Total Admissions 2013	774
Total Discharges 2013	788
Residents on 12/31/2013	122

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	27
Respiratory System	14
Digestive System	4
Genitourinary System Disorders	15
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	4
Other Medical Conditions	38
Non-Medical Conditions	0
TOTALS	122

Total Residents Diagnosed as Mentally Ill 40

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	192	175	156	162	122	70	191	108
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	192	175	156	162	122	70	191	108

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	19631	28.2%	20546	52.1%	1834	3987	3982	79	50059	71.4%	78.4%
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	19631	28.2%	20546	52.1%	1834	3987	3982	79	50059	71.4%	78.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	4	8	0	0	0	0	0	0	4	8	12
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	11	15	0	0	0	0	0	0	11	15	26
75 to 84	16	21	0	0	0	0	0	0	16	21	37
85+	3	40	0	0	0	0	0	0	3	40	43
TOTALS	38	84	0	0	0	0	0	0	38	84	122

MANORCARE OF OAK LAWN WEST
6300 WEST 95TH STREET
OAK LAWN, IL. 60453

Classification Numbers

License Number	6000343	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	48	56	3	8	7	0	122
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	48	56	3	8	7	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	271	236
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	44	0	0	0	44
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	122	0	0	0	122

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	122	0	0	0	122

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	25.20
LPN's	12.00
Certified Aides	44.30
Other Health Staff	28.96
Non-Health Staff	24.80
Totals	139.26

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
62.9%	17.1%	1.4%	11.2%	7.3%	100.0%		
11,415,596	3,100,058	259,412	2,033,751	1,330,991	18,139,808	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANORCARE OF PALOS HEIGHTS EAST
7850 WEST COLLEGE DRIVE
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6010912
Health Service Area 007 Planning Service Area 705

Administrator
Vicki Tomer

Contact Person and Telephone
Caitlin Casey
708-361-6990 ext. 162

Date Completed
4/3/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	7
Respiratory System	3
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	129
Non-Medical Conditions	0
TOTALS	154

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Original building	28
Building 2	30 bed addition	25
Building 3	PT addition	3
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	158
Total Admissions 2013	1,376
Total Discharges 2013	1,208
Residents on 12/31/2013	326

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	184	178	178	178	154	30	184	90
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	184	178	178	178	154	30	184	90

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	42344	63.0%	9266	28.2%	0	5076	3860	61	60607	90.2%	93.3%
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	42344	63.0%	9266	28.2%	0	5076	3860	61	60607	90.2%	93.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	9	20	0	0	0	0	0	0	9	20	29
75 to 84	10	33	0	0	0	0	0	0	10	33	43
85+	14	57	0	0	0	0	0	0	14	57	71
TOTALS	39	115	0	0	0	0	0	0	39	115	154

MANORCARE OF PALOS HEIGHTS EAST
7850 WEST COLLEGE DRIVE
PALOS HEIGHTS, IL. 60463

Classification Numbers

License Number	6010912	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	107	22	0	17	8	0	154
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	107	22	0	17	8	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	337	263
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	142	0	0	0	142
Race Unknown	0	0	0	0	0
Total	154	0	0	0	154

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	152	0	0	0	152
Ethnicity Unknown	0	0	0	0	0
Total	154	0	0	0	154

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	35.00
LPN's	12.00
Certified Aides	54.00
Other Health Staff	56.50
Non-Health Staff	32.50
Totals	192.00

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
82.5%	3.5%	0.9%	9.0%	4.1%	100.0%		
23,812,049	1,005,602	266,387	2,601,291	1,185,387	28,870,716	16,043	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANORCARE OF PALOS HEIGHTS WEST
11860 SOUTHWEST HIGHWAY
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6014534
Health Service Area 007 Planning Service Area 705

Administrator
Pamela Chappell

Contact Person and Telephone
Susan Lucas
708-361-4555

Date Completed
3/25/2014

Registered Agent Information
CT Corporation
208 South LaSalle Street
Chicago, IL 60604

Building	Reported Age
Building 1 Palos Heights West	18
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	121
Total Admissions 2013	778
Total Discharges 2013	786
Residents on 12/31/2013	113

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	23
Digestive System	8
Genitourinary System Disorders	15
Skin Disorders	7
Musculo-skeletal Disorders	12
Injuries and Poisonings	15
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	113

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	130	130	130	130	113	17	130	52
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	130	130	130	130	113	17	130	52

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	22305	47.0%	9551	50.3%	2470	2529	4668	80	41603	87.7%	87.7%
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	22305	47.0%	9551	50.3%	2470	2529	4668	80	41603	87.7%	87.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	7	8	0	0	0	0	0	0	7	8	15
75 to 84	12	21	0	0	0	0	0	0	12	21	33
85+	13	42	0	0	0	0	0	0	13	42	55
TOTALS	36	77	0	0	0	0	0	0	36	77	113

MANORCARE OF PALOS HEIGHTS WEST
11860 SOUTHWEST HIGHWAY
PALOS HEIGHTS, IL. 60463

Classification Numbers

License Number	6014534	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	63	32	6	3	9	0	113
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	63	32	6	3	9	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	568	296
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	0	0	0	0	0
Total	113	0	0	0	113

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	6.00
Certified Aides	45.00
Other Health Staff	30.00
Non-Health Staff	12.00
Totals	122.00

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
74.0%	8.3%	2.6%	7.6%	7.6%	100.0%		
13,046,978	1,464,212	450,885	1,343,687	1,336,743	17,642,505	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANORCARE OF SOUTH HOLLAND IL, LLC
2145 EAST 170TH STREET
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6011589
Health Service Area 007 Planning Service Area 705

Administrator
Karen Petyko

Contact Person and Telephone
Susan Finn
708-895-3255

Date Completed
4/3/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	19
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	12
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	7
Other Medical Conditions	14
Non-Medical Conditions	83
TOTALS	165

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 2

Building		Reported Age
Building 1	Skilled Nursing & Rehabilitation	26
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	170
Total Admissions 2013	1,242
Total Discharges 2013	1,247
Residents on 12/31/2013	165

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	216	202	192	202	165	51	200	162
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	216	202	192	202	165	51	200	162

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	26502	36.3%	20829	35.2%	2062	8512	3020	111	61036	77.4%	82.8%
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	26502	36.3%	20829	35.2%	2062	8512	3020	111	61036	77.4%	82.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	3	0	0	0	0	0	0	2	3	5
45 to 59	11	5	0	0	0	0	0	0	11	5	16
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	15	23	0	0	0	0	0	0	15	23	38
75 to 84	7	35	0	0	0	0	0	0	7	35	42
85+	16	40	0	0	0	0	0	0	16	40	56
TOTALS	56	109	0	0	0	0	0	0	56	109	165

MANORCARE OF SOUTH HOLLAND IL, LLC
2145 EAST 170TH STREET
SOUTH HOLLAND, IL. 60473

Classification Numbers

License Number	6011589	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	65	60	5	27	8	0	165
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	65	60	5	27	8	0	165

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	604	494
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	96	0	0	0	96
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	165	0	0	0	165

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	157	0	0	0	157
Ethnicity Unknown	0	0	0	0	0
Total	165	0	0	0	165

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	42.00
LPN's	29.00
Certified Aides	73.00
Other Health Staff	35.00
Non-Health Staff	42.00
Totals	223.00

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
68.3%	11.9%	0.9%	14.5%	4.4%	100.0%		
15,935,857	2,782,358	206,869	3,375,518	1,037,956	23,338,558	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	2/29/2012	Added 16 Nursing Care beds to existing facility; facility now has 216 Nursing Care beds.

MANORCARE OF WESTMONT
512 EAST OGDEN AVENUE
WESTMONT, IL. 60559

Reference Numbers Facility ID 6000335
Health Service Area 007 Planning Service Area 703

Administrator
Kristen Felker

Contact Person and Telephone
Anthony Harwood
419-254-5359

Date Completed
4/2/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	103
Total Admissions 2013	689
Total Discharges 2013	680
Residents on 12/31/2013	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	3
Developmental Disability	1
Circulatory System	32
Respiratory System	15
Digestive System	6
Genitourinary System Disorders	7
Skin Disorders	5
Musculo-skeletal Disorders	9
Injuries and Poisonings	16
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	155	133	112	133	112	43	155	71
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	155	133	112	133	112	43	155	71

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15268	27.0%	19972	77.1%	0	3370	4043	43	42696	75.5%	88.0%
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	15268	27.0%	19972	77.1%	0	3370	4043	43	42696	75.5%	88.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	5	0	0	0	0	0	0	1	5	6
60 to 64	3	10	0	0	0	0	0	0	3	10	13
65 to 74	9	8	0	0	0	0	0	0	9	8	17
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	10	41	0	0	0	0	0	0	10	41	51
TOTALS	31	81	0	0	0	0	0	0	31	81	112

MANORCARE OF WESTMONT
512 EAST OGDEN AVENUE
WESTMONT, IL. 60559

Classification Numbers

License Number	6000335	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	49	1	11	10	2	114
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	41	49	1	11	10	2	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	450	287
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	110	0	0	0	110
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	13.00
Certified Aides	36.00
Other Health Staff	30.00
Non-Health Staff	23.00
Totals	124.00

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
61.8%	18.9%	0.8%	9.8%	8.6%	100.0%		
8,755,489	2,678,479	116,430	1,392,828	1,218,933	14,162,159	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MAPLE CREST CARE CENTRE
4452 SQUAW PRAIRIE ROAD
BELVIDERE, IL. 61008

Reference Numbers Facility ID 6005706
Health Service Area 001 Planning Service Area 007

Administrator
Judith Wright

Contact Person and Telephone
JUDITH WRIGHT
815-547-6377

Date Completed
4/1/2014

Registered Agent Information
CSC corporation
801 Adlai Stevenson Dr.
Springfield, IL 62703

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	16
Digestive System	10
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	one building	47
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	77
Total Admissions 2013	200
Total Discharges 2013	200
Residents on 12/31/2013	77

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	86	86	86	86	77	9	86	86
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	86	86	86	86	77	9	86	86

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5198	16.6%	13649	43.5%	1208	855	7354	0	28264	90.0%	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	5198	16.6%	13649	43.5%	1208	855	7354	0	28264	90.0%	90.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	5	0	0	0	0	0	0	0	5	5
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	4	18	0	0	0	0	0	0	4	18	22
85+	9	39	0	0	0	0	0	0	9	39	48
TOTALS	15	62	0	0	0	0	0	0	15	62	77

MAPLE CREST CARE CENTRE
4452 SQUAW PRAIRIE ROAD
BELVIDERE, IL. 61008

Classification Numbers

License Number	6005706	
Health Service Area	001	
Planning Service Area	007	Boone

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	40	0	22	0	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	40	0	22	0	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	77	0	0	0	77
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	13.00
Certified Aides	57.00
Other Health Staff	1.00
Non-Health Staff	26.00
Totals	116.00

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
43.6%	32.9%	0.0%	6.6%	16.9%	100.0%		
2,989,999	2,252,150	0	451,798	1,157,109	6,851,056	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/10/2012	Change of Ownership occurred.

MAPLE LAWN HEALTH CENTER
700 NORTH MAIN
EUREKA, IL. 61530

Reference Numbers Facility ID 6005722
Health Service Area 002 Planning Service Area 203

Administrator
James R. Thomason

Contact Person and Telephone
Jeffery S Corron
309-467-9090

Date Completed
4/2/2014

Registered Agent Information
James R. Thomason
700 N. Main St.
Eureka, IL 61530

Continuing Care Retirement Community

Building		Reported Age
Building 1	Maple Lawn Health Center	49
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	85
Total Admissions 2013	85
Total Discharges 2013	76
Residents on 12/31/2013	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	8
Mental Illness	3
Developmental Disability	0
Circulatory System	29
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	12
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	89	89	87	89	79	10	89	89
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	18	18	15	18	15	3		
TOTAL BEDS	107	107	102	107	94	13	89	89

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3186	9.8%	15477	47.6%	0	0	9500	365	28528	87.8%	87.8%
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	3522	0	3522	53.6%	53.6%
TOTALS	3186	9.8%	15477	47.6%	0	0	13022	365	32050	82.1%	82.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	2	0	2	2
65 to 74	1	0	0	0	0	0	1	0	2	0	2
75 to 84	8	28	0	0	0	0	0	4	8	32	40
85+	1	41	0	0	0	0	0	8	1	49	50
TOTALS	10	69	0	0	0	0	1	14	11	83	94

MAPLE LAWN HEALTH CENTER
700 NORTH MAIN
EUREKA, IL. 61530

Classification Numbers

License Number	6005722	
Health Service Area	002	
Planning Service Area	203	Woodford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	48	0	0	23	1	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	15	0	15
TOTALS	7	48	0	0	38	1	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	95	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	15	93
Race Unknown	0	0	0	0	0
Total	79	0	0	15	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	79	0	0	15	94
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	15	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	8.00
Certified Aides	39.00
Other Health Staff	0.00
Non-Health Staff	41.00
Totals	98.00

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
17.6%	26.7%	0.0%	4.9%	50.8%	100.0%		
1,077,243	1,637,975	0	302,947	3,113,705	6,131,870	33,364	0.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MAPLE TERRACE
1510 NORTH 4TH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6012108
Health Service Area 003 Planning Service Area 001

Administrator
Marcia Ford

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Maple Terrace	24
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5823	99.7%	0	0	0	0	5823	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5823	99.7%	0	0	0	0	5823	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	1	0	0	5	1	6
45 to 59	0	0	0	0	0	5	0	0	0	5	5
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	1	1	0	0	1	1	2
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	8	8	0	0	8	8	16

MAPLE TERRACE
1510 NORTH 4TH STREET
QUINCY, IL. 62301

Classification Numbers

License Number	6012108	
Health Service Area	003	
Planning Service Area	001	Adams

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	113
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	667,404	0	0	0	667,404	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MAPLEWOOD CARE
50 NORTH JANE DRIVE
ELGIN, IL. 60123

Reference Numbers Facility ID 6004758
Health Service Area 008 Planning Service Area 089

Administrator
Jim Lloyd

Contact Person and Telephone
Jim Lloyd
847-697-3750

Date Completed
3/31/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	194
Total Admissions 2013	50
Total Discharges 2013	51
Residents on 12/31/2013	193

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	52
Mental Illness	99
Developmental Disability	0
Circulatory System	12
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	193

Total Residents Diagnosed as Mentally Ill 99

Total Residents Reported as Identified Offenders 11

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	203	194	203	193	10	203	203
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	203	194	203	193	10	203	203

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3080	4.2%	63262	85.4%	0	1586	0	0	67928	91.7%	91.7%
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	3080	4.2%	63262	85.4%	0	1586	0	0	67928	91.7%	91.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	2	0	0	0	0	0	0	6	2	8
45 to 59	43	29	0	0	0	0	0	0	43	29	72
60 to 64	20	10	0	0	0	0	0	0	20	10	30
65 to 74	29	18	0	0	0	0	0	0	29	18	47
75 to 84	10	12	0	0	0	0	0	0	10	12	22
85+	2	12	0	0	0	0	0	0	2	12	14
TOTALS	110	83	0	0	0	0	0	0	110	83	193

MAPLEWOOD CARE
50 NORTH JANE DRIVE
ELGIN, IL. 60123

Classification Numbers

License Number	6004758	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	187	0	5	0	0	193
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	187	0	5	0	0	193

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	178	0	0	0	178
Race Unknown	0	0	0	0	0
Total	193	0	0	0	193

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	183	0	0	0	183
Ethnicity Unknown	0	0	0	0	0
Total	193	0	0	0	193

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	16.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	5.00
Certified Aides	56.00
Other Health Staff	0.00
Non-Health Staff	62.00
Totals	162.00

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
16.3%	58.6%	2.7%	1.1%	21.3%	100.0%		
1,493,376	5,359,797	249,076	102,262	1,944,916	9,149,427	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARGARET MANOR
1121 NORTH ORLEANS
CHICAGO, IL. 60610

Reference Numbers Facility ID 6005755
Health Service Area 006 Planning Service Area 602

Administrator
LYNNIECE CARTER SIMS

Contact Person and Telephone
LYNNIECE CARTER SIMS
312-943-4300

Date Completed
4/15/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	103
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	103

Total Residents Diagnosed as Mentally Ill 103

Total Residents Reported as Identified Offenders 16

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	110
Total Admissions 2013	67
Total Discharges 2013	74
Residents on 12/31/2013	103

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	135	135	119	135	103	32	0	135
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	135	135	119	135	103	32	0	135

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	41075	83.4%	0	0	365	0	41440	84.1%	84.1%
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	0	0.0%	41075	83.4%	0	0	365	0	41440	84.1%	84.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	16	2	0	0	0	0	0	0	16	2	18
45 to 59	38	18	0	0	0	0	0	0	38	18	56
60 to 64	7	8	0	0	0	0	0	0	7	8	15
65 to 74	8	4	0	0	0	0	0	0	8	4	12
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	70	33	0	0	0	0	0	0	70	33	103

MARGARET MANOR
1121 NORTH ORLEANS
CHICAGO, IL. 60610

Classification Numbers

License Number	6005755	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	102	0	0	1	0	103
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	102	0	0	1	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	117	110
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	41	0	0	0	41
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	9	0	0	0	9
Total	103	0	0	0	103

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	18.00
Other Health Staff	6.00
Non-Health Staff	35.00
Totals	72.00

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
0.0%	97.5%	0.0%	0.0%	2.5%	100.0%		
0	4,008,488	0	0	101,831	4,110,319	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARGARET MANOR - NORTH
940 WEST CULLOM AVENUE
CHICAGO, IL. 60613

Reference Numbers Facility ID 6005763
Health Service Area 006 Planning Service Area 601

Administrator
Annette Brandt

Contact Person and Telephone
ANNETTE BRANDT
773-525-9000

Date Completed
3/31/2014

Registered Agent Information

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	93
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	93

Total Residents Diagnosed as Mentally Ill 93

Total Residents Reported as Identified Offenders 24

Building		Reported Age
Building 1	Main Building	76
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	91
Total Admissions 2013	82
Total Discharges 2013	80
Residents on 12/31/2013	93

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	99	99	93	6	0	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	93	6	0	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	33091	91.6%	0	0	315	0	33406	92.4%	92.4%
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	0	0.0%	33091	91.6%	0	0	315	0	33406	92.4%	92.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	19	9	0	0	0	0	0	0	19	9	28
45 to 59	27	15	0	0	0	0	0	0	27	15	42
60 to 64	8	3	0	0	0	0	0	0	8	3	11
65 to 74	8	4	0	0	0	0	0	0	8	4	12
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	62	31	0	0	0	0	0	0	62	31	93

MARGARET MANOR - NORTH
940 WEST CULLOM AVENUE
CHICAGO, IL. 60613

Classification Numbers

License Number	6005763	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	92	0	0	1	0	93
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	92	0	0	1	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	119	119
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	37	0	0	0	37
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	8	0	0	0	8
Total	93	0	0	0	93

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	93	0	0	0	93

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	3.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	39.00
Totals	59.00

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
0.0%	98.2%	0.0%	0.0%	1.8%	100.0%		
0	3,434,945	0	0	64,206	3,499,151	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARIAN CENTER FOR ADULT RESIDENTS
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6005789
Health Service Area 006 Planning Service Area 601

Administrator
Valerie Freil

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Date Completed
4/2/2014

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave
Chicago, IL 60660

Building	Reported Age
Building 1 Marian center; renovated in 198	64
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	99
Total Admissions 2013	3
Total Discharges 2013	2
Residents on 12/31/2013	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	100
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	100

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	100	100	100	100	100	0		100
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	100	100	100	0	0	100

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			35996	98.6%	0	0	365	0	36361	99.6%	99.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	35996	98.6%	0	0	365	0	36361	99.6%	99.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	27	30	0	0	27	30	57
45 to 59	0	0	0	0	22	19	0	0	22	19	41
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	50	50	0	0	50	50	100

MARIAN CENTER FOR ADULT RESIDENTS
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Classification Numbers

License Number	6005789	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		99	0	0	1	0	100
Sheltered Care			0	0	0	0	0
TOTALS	0	99	0	0	1	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	96	0	96
Race Unknown	0	0	0	0	0
Total	0	0	100	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	6	0	6
Non-Hispanic	0	0	94	0	94
Ethnicity Unknown	0	0	0	0	0
Total	0	0	100	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.17
Physicians	0.04
Director of Nursing	1.00
Registered Nurses	8.22
LPN's	3.06
Certified Aides	104.36
Other Health Staff	18.31
Non-Health Staff	6.43
Totals	142.59

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%	85.8%	0.0%	0.0%	14.2%	100.0%		
0	5,307,726	0	0	876,721	6,184,447	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARIGOLD ESTATES
3240 BARNEY AVENUE
PEKIN, IL. 61554

Reference Numbers Facility ID 6012140
Health Service Area 002 Planning Service Area 179

Administrator
Lora Dillman

Contact Person and Telephone
Andrea Sears
309-347-6514

Date Completed
3/3/2014

Registered Agent Information

Building	Reported Age
Building 1 Marigold Estates	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5559	95.2%	0	0	0	0	5559	95.2%	95.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5559	95.2%	0	0	0	0	5559	95.2%	95.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	4	0	0	4	4	8
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	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	0	0	0	0	9	6	0	0	9	6	15

MARIGOLD ESTATES
3240 BARNEY AVENUE
PEKIN, IL. 61554

Classification Numbers

License Number	6012140	
Health Service Area	002	
Planning Service Area	179	Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	121
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	16.00
Non-Health Staff	0.00
Totals	17.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	665,524	0	0	0	665,524	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARIGOLD REHAB & HEALTHCARE
275 EAST CARL SANDBURG DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6005797
Health Service Area 002 Planning Service Area 095

Administrator
Crystal Crain

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/26/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Marigold Rehab & Health Care C	41
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	139
Total Admissions 2013	221
Total Discharges 2013	226
Residents on 12/31/2013	134

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	24
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	3
Mental Illness	23
Developmental Disability	1
Circulatory System	41
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	134

Total Residents Diagnosed as Mentally Ill 26

Total Residents Reported as Identified Offenders 16

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	172	142	134	142	134	38	172	172
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	172	142	134	142	134	38	172	172

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4464	7.1%	28370	45.2%	4930	773	10938	0	49475	78.8%	95.5%
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	4464	7.1%	28370	45.2%	4930	773	10938	0	49475	78.8%	95.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	3	0	0	0	0	0	0	4	3	7
45 to 59	8	11	0	0	0	0	0	0	8	11	19
60 to 64	7	6	0	0	0	0	0	0	7	6	13
65 to 74	6	17	0	0	0	0	0	0	6	17	23
75 to 84	20	16	0	0	0	0	0	0	20	16	36
85+	10	26	0	0	0	0	0	0	10	26	36
TOTALS	55	79	0	0	0	0	0	0	55	79	134

MARIGOLD REHAB & HEALTHCARE
275 EAST CARL SANDBURG DRIVE
GALESBURG, IL. 61401

Classification Numbers

License Number	6005797	
Health Service Area	002	
Planning Service Area	095	Knox

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	71	17	2	30	0	134
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	71	17	2	30	0	134

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	136
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	134	0	0	0	134

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	134	0	0	0	134
Ethnicity Unknown	0	0	0	0	0
Total	134	0	0	0	134

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	19.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	64.00

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
25.4%	50.5%	0.0%	2.6%	21.6%	100.0%		
2,095,263	4,161,585	0	211,853	1,778,718	8,247,419	38,975	0.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARION REHAB AND NURSING CTR
1301 EAST DEYOUNG
MARION, IL. 62959

Reference Numbers Facility ID 6003230
Health Service Area 005 Planning Service Area 199

Administrator
Susan Morgan

Contact Person and Telephone
Susan Morgan
618-997-1365

Date Completed
4/4/2014

Registered Agent Information
Lawrence Schwartz
8170 N. McCormick Blvd. Suite # 219
Skokie, IL 60076

Building		Reported Age
Building 1	Main Building	19
Building 2	Addition	13
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	75
Total Admissions 2013	74
Total Discharges 2013	74
Residents on 12/31/2013	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	34
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	0
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	125	125	86	125	75	50	125	125
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	125	125	86	125	75	50	125	125

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3769	8.3%	20553	45.0%	0	1853	2747	0	28922	63.4%	63.4%
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	3769	8.3%	20553	45.0%	0	1853	2747	0	28922	63.4%	63.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	2	10	0	0	0	0	0	0	2	10	12
85+	10	35	0	0	0	0	0	0	10	35	45
TOTALS	21	54	0	0	0	0	0	0	21	54	75

MARION REHAB AND NURSING CTR
1301 EAST DEYOUNG
MARION, IL. 62959

Classification Numbers

License Number	6003230	
Health Service Area	005	
Planning Service Area	199	Williamson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	54	0	1	8	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	54	0	1	8	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	11.00
Certified Aides	35.00
Other Health Staff	1.00
Non-Health Staff	25.00
Totals	76.00

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
30.3%	56.8%	0.0%	5.3%	7.6%	100.0%		
1,701,435	3,190,456	0	297,842	428,265	5,617,998	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MAR-KA NURSING HOME
201 SOUTH 10TH STREET
MASCOUTAH, IL. 62258

Reference Numbers Facility ID 6005748
Health Service Area 011 Planning Service Area 163

Administrator
Alice J. Green

Contact Person and Telephone
ALICE J. GREEN
618-566-8000

Date Completed
2/28/2014

Registered Agent Information
Community Care Centers, Inc.
312 Solley Drive Rear
Ballwin, MO 63021

Building		Reported Age
Building 1	Marka Nursing Home	46
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	43
Total Admissions 2013	61
Total Discharges 2013	40
Residents on 12/31/2013	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	32
Mental Illness	2
Developmental Disability	1
Circulatory System	10
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	76	73	70	73	64	12	76	76
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	76	73	70	73	64	12	76	76

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1375	5.0%	7694	27.7%	0	165	13129	0	22363	80.6%	83.9%
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	1375	5.0%	7694	27.7%	0	165	13129	0	22363	80.6%	83.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	2	0	0	0	0	0	0	5	2	7
75 to 84	6	13	0	0	0	0	0	0	6	13	19
85+	3	30	0	0	0	0	0	0	3	30	33
TOTALS	18	46	0	0	0	0	0	0	18	46	64

MAR-KA NURSING HOME
201 SOUTH 10TH STREET
MASCOUTAH, IL. 62258

Classification Numbers

License Number	6005748	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	25	0	1	34	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	25	0	1	34	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	129	119
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	7.00
Certified Aides	21.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	56.00

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
26.3%	27.8%	0.0%	1.1%	44.7%	100.0%		
831,791	879,037	0	36,045	1,410,801	3,157,674	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND AT MILL CREEK #3
1 S 381 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6016232
Health Service Area 008 Planning Service Area 089

Administrator
Lemuel Pablo

Contact Person and Telephone
Tony Quinones
630-593-5450

Date Completed
4/3/2014

Registered Agent Information
Robin R. Kelleher
102 South Wynstone Park Dr. Suite 100
North Barrington, IL 60010

Building		Reported Age
Building 1	Mill Creek Home #3	8
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5445	#Div/0!	0	0	365	0	5810	99.5%	99.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5445	0.0%	0	0	365	0	5810	99.5%	99.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	6	9	0	0	6	9	15
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	6	10	0	0	6	10	16

MARKLUND AT MILL CREEK #3
1 S 381 WYATT DRIVE
GENEVA, IL. 60134

Classification Numbers

License Number	6016232	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	1	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	1	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	264	222
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.30
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	1.50
LPN's	0.65
Certified Aides	11.81
Other Health Staff	1.14
Non-Health Staff	1.50
Totals	17.40

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%	89.3%	0.0%	0.0%	10.7%	100.0%		
0	1,154,732	0	0	138,608	1,293,340	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND CHILDREN'S HOME
164 SOUTH PRAIRIE AVENUE
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6005805
Health Service Area 007 Planning Service Area 703

Administrator
Gunjan Patel

Contact Person and Telephone
Tony Quinones
630-593-5450

Date Completed
4/3/2014

Registered Agent Information
Robin R. Kelleher
102 South Wynstone Park Dr. Suite 100
North Barrington, IL 60010

Building		Reported Age
Building 1	Marklund Children's Home	54
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	20
Total Admissions 2013	2
Total Discharges 2013	1
Residents on 12/31/2013	21

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	21
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	21

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	30	21	21	21	21	9		30
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	30	21	21	21	21	9	0	30

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			7604	69.4%	0	0	0	0	7604	69.4%	99.2%
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	0	0.0%	7604	69.4%	0	0	0	0	7604	69.4%	99.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	6	6	0	0	0	0	6	6	12
18 to 44	0	0	4	5	0	0	0	0	4	5	9
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	10	11	0	0	0	0	10	11	21

MARKLUND CHILDREN'S HOME
164 SOUTH PRAIRIE AVENUE
BLOOMINGDALE, IL. 60108

Classification Numbers

License Number	6005805	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	21	0	0	0	0	21
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	21	0	0	0	0	21

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	225
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	1	0	0	1
American Indian	0	0	0	0	0
Black	0	5	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	15	0	0	15
Race Unknown	0	0	0	0	0
Total	0	21	0	0	21

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	3	0	0	3
Non-Hispanic	0	18	0	0	18
Ethnicity Unknown	0	0	0	0	0
Total	0	21	0	0	21

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.80
LPN's	2.60
Certified Aides	14.45
Other Health Staff	1.25
Non-Health Staff	7.62
Totals	33.72

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%	97.6%	0.0%	0.0%	2.4%	100.0%		
0	2,208,284	0	0	53,536	2,261,820	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND HAVERKAMPF HOME
1S394 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6015770
Health Service Area 008 Planning Service Area 089

Administrator
Lemuel Pablo

Contact Person and Telephone
Tony Quinones
630-593-5450

Date Completed
4/3/2014

Registered Agent Information
Robin R. Kelleher
102 South Wynstone Park Dr. Suite 100
North Barrington, IL 60010

Building		Reported Age
Building 1	Marklund Haverkampf Home	10
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5804	99.4%	0	0	0	0	5804	99.4%	99.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5804	99.4%	0	0	0	0	5804	99.4%	99.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	8	5	0	0	8	5	13
45 to 59	0	0	0	0	0	3	0	0	0	3	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	8	8	0	0	8	8	16

MARKLUND HAVERKAMPF HOME
1S394 WYATT DRIVE
GENEVA, IL. 60134

Classification Numbers

License Number	6015770	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	225
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.30
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	0.28
LPN's	1.95
Certified Aides	12.34
Other Health Staff	1.14
Non-Health Staff	1.50
Totals	18.01

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%	93.0%	0.0%	0.0%	7.0%	100.0%		
0	1,210,216	0	0	90,483	1,300,699	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND RICHARD HOME
1 S 410 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6016240
Health Service Area 008 Planning Service Area 089

Administrator
Lemuel Pablo

Contact Person and Telephone
Tony Quinones
630-593-5450

Date Completed
4/3/2014

Registered Agent Information
Robin R. Kelleher
102 South Wynstone Park Dr. Suite 100
North Barrington, IL 60010

Building	Reported Age
Building 1 Richard Home	8
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5775	#Div/0!	0	0	0	0	5775	98.9%	98.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5775	0.0%	0	0	0	0	5775	98.9%	98.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	6	8	0	0	6	8	14
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	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	0	0	0	0	7	9	0	0	7	9	16

MARKLUND RICHARD HOME
1 S 410 WYATT DRIVE
GENEVA, IL. 60134

Classification Numbers

License Number	6016240	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	221
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.30
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	0.45
LPN's	1.25
Certified Aides	11.91
Other Health Staff	1.14
Non-Health Staff	1.50
Totals	17.05

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%	90.2%	0.0%	0.0%	9.8%	100.0%		
0	1,157,168	0	0	125,540	1,282,708	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND SAYERS HOME
1S383 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6015804
Health Service Area 008 Planning Service Area 089

Administrator
Lemuel Pablo

Contact Person and Telephone
Tony Quinones
630-593-5450

Date Completed
4/3/2014

Registered Agent Information
Robin R. Kelleher
102 South Wynstone Park Dr. Suite 100
North Barrington, IL 60010

Building	Reported Age
Building 1 Sayers Home	10
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5475	93.8%	0	0	365	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	0	365	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	5	0	0	3	5	8
45 to 59	0	0	0	0	1	7	0	0	1	7	8
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	4	12	0	0	4	12	16

MARKLUND SAYERS HOME
1S383 WYATT DRIVE
GENEVA, IL. 60134

Classification Numbers

License Number	6015804	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	1	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	1	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	264	228
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.30
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	0.23
LPN's	1.70
Certified Aides	11.71
Other Health Staff	1.14
Non-Health Staff	1.50
Totals	17.08

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%	88.0%	0.0%	0.0%	12.0%	100.0%		
0	1,182,960	0	0	161,131	1,344,091	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND TOMMY HOME
1S385 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6015796
Health Service Area 008 Planning Service Area 089

Administrator
Lemuel Pablo

Contact Person and Telephone
Tony Quinones
630-593-5450

Date Completed
4/3/2014

Registered Agent Information
Robin R. Kelleher
102 South Wynstone Park Dr. Suite 100
North Barrington, IL 60010

Building	Reported Age
Building 1 Tommy Home	10
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5799	99.3%	0	0	0	0	5799	99.3%	99.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5799	99.3%	0	0	0	0	5799	99.3%	99.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	6	4	0	0	6	4	10
45 to 59	0	0	0	0	2	4	0	0	2	4	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	8	8	0	0	8	8	16

MARKLUND TOMMY HOME
1S385 WYATT DRIVE
GENEVA, IL. 60134

Classification Numbers

License Number	6015796	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	225
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.30
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	1.20
LPN's	1.20
Certified Aides	11.76
Other Health Staff	1.14
Non-Health Staff	1.50
Totals	17.60

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%	92.6%	0.0%	0.0%	7.4%	100.0%		
0	1,186,737	0	0	95,526	1,282,263	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND VAN DER MOLEN HOME
1S406 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6015788
Health Service Area 008 Planning Service Area 089

Administrator
Lemuel Pablo

Contact Person and Telephone
Tony Quinones
630-593-5450

Date Completed
4/3/2014

Registered Agent Information
Robin R. Kelleher
102 South Wynstone Park Dr. Suite 100
North Barrington, IL 60010

Building		Reported Age
Building 1	Vandermolen Home	10
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	5	0	0	3	5	8
45 to 59	0	0	0	0	3	4	0	0	3	4	7
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	6	10	0	0	6	10	16

MARKLUND VAN DER MOLEN HOME
1S406 WYATT DRIVE
GENEVA, IL. 60134

Classification Numbers

License Number	6015788	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	222
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.30
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	1.28
LPN's	0.75
Certified Aides	11.60
Other Health Staff	1.14
Non-Health Staff	1.50
Totals	17.07

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%	92.4%	0.0%	0.0%	7.6%	100.0%		
0	1,196,644	0	0	98,213	1,294,857	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MASON CITY AREA NURSING HOME
520 N. PRICE AVE. PO BOX 32
MASON CITY, IL. 62664

Reference Numbers Facility ID 6011688
Health Service Area 003 Planning Service Area 125

Administrator
Christine Banks

Contact Person and Telephone
Rabecca Howard

Date Completed
3/29/2014

Registered Agent Information
Dave Underwood
115 W. Jefferson, Suite 401
Bloomington, IL 61701

Continuing Care Retirement Community

Building		Reported Age
Building 1	Mason City Area Nursing Home	25
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	72
Total Admissions 2013	113
Total Discharges 2013	124
Residents on 12/31/2013	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	59
Non-Medical Conditions	0
TOTALS	70

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	66	66	64	65	56	10	66	66
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	31	17	15	17	14	17		
TOTAL BEDS	97	83	79	82	70	27	66	66

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2251	9.3%	10011	41.6%	0	0	8126	0	20388	84.6%	84.6%
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	5322	0	5322	47.0%	85.8%
TOTALS	2251	9.3%	10011	41.6%	0	0	13448	0	25710	72.6%	84.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	2	9	0	0	0	0	1	2	3	11	14
85+	8	32	0	0	0	0	2	9	10	41	51
TOTALS	12	44	0	0	0	0	3	11	15	55	70

MASON CITY AREA NURSING HOME
520 N. PRICE AVE. PO BOX 32
MASON CITY, IL. 62664

Classification Numbers

License Number	6011688	
Health Service Area	003	
Planning Service Area	125	Mason

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	22	0	0	28	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	14	0	14
TOTALS	6	22	0	0	42	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	171	156
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	93	111

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	14	69
Race Unknown	0	0	0	0	0
Total	56	0	0	14	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	14	70
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	14	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	6.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	24.00
Totals	68.00

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
24.9%	25.3%	0.0%	0.0%	49.8%	100.0%		
1,048,714	1,066,284	0	0	2,095,522	4,210,520	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MASON POINT
ONE MASONIC WAY
SULLIVAN, IL. 61951

Reference Numbers Facility ID 6004691
Health Service Area 004 Planning Service Area 139

Administrator
Darin Wall

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/27/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building	Reported Age
Building 1 Mason Point/Nursing Home	110
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	112
Total Admissions 2013	105
Total Discharges 2013	114
Residents on 12/31/2013	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	12
Mental Illness	15
Developmental Disability	0
Circulatory System	37
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	3
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 71

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	122	117	110	117	96	26	72	122
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	22	11	22	7	-7		
TOTAL BEDS	122	139	121	139	103	19	72	122

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	775	2.9%	3509	7.9%	136	155	4794	0	9369	21.0%	21.9%
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	775	2.9%	3509	7.9%	136	155	4794	0	9369	21.0%	18.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	1	0	0	0	0	1	0	1	1	2
65 to 74	2	5	0	0	0	0	1	0	3	5	8
75 to 84	8	18	0	0	0	0	1	0	9	18	27
85+	12	47	0	0	0	0	1	3	13	50	63
TOTALS	23	73	0	0	0	0	4	3	27	76	103

MASON POINT
ONE MASONIC WAY
SULLIVAN, IL. 61951

Classification Numbers

License Number	6004691	
Health Service Area	004	
Planning Service Area	139	Moultrie

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	57	0	1	29	0	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	7	0	7
TOTALS	9	57	0	1	36	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	158	136
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	94	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	7	103
Race Unknown	0	0	0	0	0
Total	96	0	0	7	103

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	96	0	0	7	103
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	7	103

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	21.00
Certified Aides	49.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	75.00

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
24.7%	39.7%	0.0%	1.2%	34.4%	100.0%		
1,721,368	2,762,008	0	86,611	2,393,414	6,963,401	6,755	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MATHER PAVILION
820 FOSTER STREET
EVANSTON, IL. 60201

Reference Numbers Facility ID 6007967
Health Service Area 007 Planning Service Area 702

Administrator
SUSAN FOWLER

Contact Person and Telephone
SUSAN FOWLER
847-492-7211

Date Completed
3/28/2014

Registered Agent Information
Mary Leary
1603 Orrington Ave Suite 1800
Evanston, IL 60201

Life Care Facility

Building	Reported Age
Building 1 Mather Pavilion-Real Estate	41
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	94
Total Admissions 2013	229
Total Discharges 2013	252
Residents on 12/31/2013	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	40
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	158	158	93	158	71	87	13	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	158	158	93	158	71	87	13	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3852	81.2%	0	0.0%	0	0	25282	0	29134	50.5%	50.5%
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	3852	81.2%	0	0.0%	0	0	25282	0	29134	50.5%	50.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	2	15	0	0	0	0	0	0	2	15	17
85+	13	37	0	0	0	0	0	0	13	37	50
TOTALS	16	55	0	0	0	0	0	0	16	55	71

MATHER PAVILION
820 FOSTER STREET
EVANSTON, IL. 60201

Classification Numbers

License Number	6007967	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	0	0	0	62	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	0	0	0	62	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	331	286
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	32	0	0	0	32
Total	71	0	0	0	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	39	0	0	0	39
Ethnicity Unknown	32	0	0	0	32
Total	71	0	0	0	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.49
LPN's	4.31
Certified Aides	49.70
Other Health Staff	9.42
Non-Health Staff	55.69
Totals	138.61

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
21.2%	0.0%	0.0%	0.0%	78.8%	100.0%		
2,141,340	0	0	0	7,954,962	10,096,302	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MATTESON COURT
237 CENTRAL AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID 6014393
Health Service Area 007 Planning Service Area 705

Administrator
Annette Whitlock

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Matteson	18
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	0
Total Discharges 2013	2
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	12	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	12	16	12	4	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	75.0%	0	0	0	0	4380	75.0%	75.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	75.0%	0	0	0	0	4380	75.0%	75.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	3	0	0	3	3	6
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	6	6	0	0	6	6	12

MATTESON COURT
237 CENTRAL AVENUE
MATTESON, IL. 60443

Classification Numbers

License Number	6014393	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	153
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	842,828	0	0	0	842,828	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MATTOON Rehabilitation and Health Care
2121 SOUTH 9TH STREET
MATTOON, IL. 61938

Reference Numbers Facility ID 6005888
Health Service Area 004 Planning Service Area 029

Administrator
Jade Belcher

Contact Person and Telephone
Jade Belcher
217-235-7138

Date Completed
3/28/2014

Registered Agent Information
Daniel Maher
412 East Lawrence
Springfield, IL 62703

Building		Reported Age
Building 1	Mattoon Rehabilitation and Healt	40
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	75
Total Admissions 2013	196
Total Discharges 2013	194
Residents on 12/31/2013	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	14
Developmental Disability	1
Circulatory System	15
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	19
TOTALS	77

Total Residents Diagnosed as Mentally Ill 43

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	148	120	87	120	77	71	148	148
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	148	120	87	120	77	71	148	148

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6809	12.6%	13876	25.7%	1060	331	6969	0	29045	53.8%	66.3%
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	6809	12.6%	13876	25.7%	1060	331	6969	0	29045	53.8%	66.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	1	0	0	0	0	0	0	5	1	6
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	6	11	0	0	0	0	0	0	6	11	17
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	12	25	0	0	0	0	0	0	12	25	37
TOTALS	27	50	0	0	0	0	0	0	27	50	77

MATTOON Rehabilitation and Health Care
2121 SOUTH 9TH STREET
MATTOON, IL. 61938

Classification Numbers

License Number	6005888	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	33	3	0	20	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	33	3	0	20	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	183	143
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	10.00
Certified Aides	32.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	64.00

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
52.0%	23.8%	1.3%	2.5%	20.3%	100.0%		
3,348,642	1,534,240	83,639	163,876	1,304,296	6,434,693	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/13/2012	Change of Ownership occurred.

MAYFIELD CARE CENTER
5905 WEST WASHINGTON
CHICAGO, IL. 60644

Reference Numbers Facility ID 6005896
Health Service Area 006 Planning Service Area 602

Administrator
Bill Pfeiffer

Contact Person and Telephone
Bill Pfeiffer

Date Completed
3/26/2014

Registered Agent Information
Stanley Klem
4600 West Touhy Ave. Suite 200
Liincolnwood, IL 60712

Building	Reported Age
Building 1	40
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	140
Total Admissions 2013	337
Total Discharges 2013	330
Residents on 12/31/2013	147

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	26
Blood Disorders	5
*Nervous System Non Alzheimer	1
Alzheimer Disease	18
Mental Illness	8
Developmental Disability	4
Circulatory System	33
Respiratory System	15
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	9
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	147

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 14

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	156	156	150	156	147	9	156	156
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	156	156	150	156	147	9	156	156

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6152	10.8%	43778	76.9%	0	88	401	0	50419	88.5%	88.5%
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	6152	10.8%	43778	76.9%	0	88	401	0	50419	88.5%	88.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	0	0	0	0	0	0	0	3	0	3
45 to 59	14	14	0	0	0	0	0	0	14	14	28
60 to 64	14	9	0	0	0	0	0	0	14	9	23
65 to 74	18	19	0	0	0	0	0	0	18	19	37
75 to 84	17	14	0	0	0	0	0	0	17	14	31
85+	8	17	0	0	0	0	0	0	8	17	25
TOTALS	74	73	0	0	0	0	0	0	74	73	147

MAYFIELD CARE CENTER
5905 WEST WASHINGTON
CHICAGO, IL. 60644

Classification Numbers

License Number	6005896	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	128	0	1	2	0	147
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	128	0	1	2	0	147

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	132	0	0	0	132
Hawaiian/Pacific Isl.	0	0	0	0	0
White	15	0	0	0	15
Race Unknown	0	0	0	0	0
Total	147	0	0	0	147

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	144	0	0	0	144
Ethnicity Unknown	0	0	0	0	0
Total	147	0	0	0	147

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	25.00
Certified Aides	65.00
Other Health Staff	6.50
Non-Health Staff	22.00
Totals	128.50

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
32.8%	65.7%	0.0%	0.3%	1.2%	100.0%		
3,186,568	6,376,143	0	27,875	115,313	9,705,899	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MAZZA HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6011605
Health Service Area 006 Planning Service Area 601

Administrator
Joseph Ferrara

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Date Completed
3/22/2014

Registered Agent Information
Sister Rosemary Connelly
6300 N. Risge Ave.
Chicago, IL 60660

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Mazza House	31
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	12

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	######	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	######	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	0	0	0	5	0	5
45 to 59	0	0	0	0	7	0	0	0	7	0	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	12	0	0	0	12	0	12

MAZZA HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Classification Numbers

License Number	6011605	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	12.20
Other Health Staff	2.45
Non-Health Staff	0.33
Totals	15.38

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%	87.5%	0.0%	0.0%	12.5%	100.0%		
0	643,744	0	0	92,269	736,013	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MCALLISTER NURSING & REHAB
18300 SOUTH LAVERGNE AVENUE
TINLEY PARK, IL. 60477

Reference Numbers Facility ID 6005904
Health Service Area 007 Planning Service Area 705

Administrator
Helen Lacek

Contact Person and Telephone
Helen Lacek
708-670-4737

Date Completed
4/4/2014

Registered Agent Information
Eli Atkin
9100 Karlov
Skokie, IL 60076

Life Care Facility

Building	Reported Age
Building 1 ICF	55
Building 2 Skilled	52
Building 3 2 West	16
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	86
Total Admissions 2013	32
Total Discharges 2013	26
Residents on 12/31/2013	92

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	34
Mental Illness	0
Developmental Disability	3
Circulatory System	8
Respiratory System	25
Digestive System	8
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	92

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	111	111	92	111	92	19	79	111
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	111	111	92	111	92	19	79	111

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4376	15.2%	15870	39.2%	0	0	2448	0	22694	56.0%	56.0%
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	4376	15.2%	15870	39.2%	0	0	2448	0	22694	56.0%	56.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	6	6	0	0	0	0	0	0	6	6	12
65 to 74	9	12	0	0	0	0	0	0	9	12	21
75 to 84	24	9	0	0	0	0	0	0	24	9	33
85+	18	1	0	0	0	0	0	0	18	1	19
TOTALS	59	33	0	0	0	0	0	0	59	33	92

MCALLISTER NURSING & REHAB
18300 SOUTH LAVERGNE AVENUE
TINLEY PARK, IL. 60477

Classification Numbers

License Number	6005904	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	66	0	0	10	1	92
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	66	0	0	10	1	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	148
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	54	0	0	0	54
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	91	0	0	0	91
Ethnicity Unknown	0	0	0	0	0
Total	92	0	0	0	92

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	12.00
LPN's	18.00
Certified Aides	45.00
Other Health Staff	12.00
Non-Health Staff	22.00
Totals	113.00

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
36.5%	54.2%	0.0%	0.0%	9.3%	100.0%		
2,291,287	3,408,735	0	0	584,000	6,284,022	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MCAULEY RESIDENCE
2060 WEST GRANVILLE
CHICAGO, IL. 60659

Reference Numbers Facility ID 6006217
Health Service Area 006 Planning Service Area 603

Administrator
Denise Tigges

Contact Person and Telephone
Mary Pat O'Brien
773-274-4169

Date Completed
4/2/2014

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave
Chicago, IL 60660

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	121
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	121

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 McAuley residence	9
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	120
Total Admissions 2013	7
Total Discharges 2013	6
Residents on 12/31/2013	121

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	125	125	125	125	121	4		125
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	125	125	125	125	121	4	0	125

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			42715	93.6%	0	0	1095	365	44175	96.8%	96.8%
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	0	0.0%	42715	93.6%	0	0	1095	365	44175	96.8%	96.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	10	17	0	0	0	0	10	17	27
18 to 44	0	0	48	35	0	0	0	0	48	35	83
45 to 59	0	0	5	5	0	0	0	0	5	5	10
60 to 64	0	0	0	1	0	0	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	63	58	0	0	0	0	63	58	121

MCAULEY RESIDENCE
2060 WEST GRANVILLE
CHICAGO, IL. 60659

Classification Numbers

License Number	6006217	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	117	0	0	3	1	121
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	117	0	0	3	1	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	301	301
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	1	0	0	1
American Indian	0	0	0	0	0
Black	0	28	0	0	28
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	85	0	0	85
Race Unknown	0	7	0	0	7
Total	0	121	0	0	121

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	15	0	0	15
Non-Hispanic	0	106	0	0	106
Ethnicity Unknown	0	0	0	0	0
Total	0	121	0	0	121

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.04
Director of Nursing	1.78
Registered Nurses	18.81
LPN's	13.34
Certified Aides	104.18
Other Health Staff	33.05
Non-Health Staff	12.00
Totals	184.20

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
0.0%	90.0%	0.0%	0.0%	10.0%	100.0%		
0	7,701,009	0	0	851,635	8,552,644	71,667	0.8%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MCDONOUGH COUNTY HOSPITAL
525 EAST GRANT STREET
MACOMB, IL. 61455

Reference Numbers Facility ID 6012777
Health Service Area 002 Planning Service Area 109

Administrator
Kenneth D. Boyd Jr.

Contact Person and Telephone
TERESA BENNETT
309-833-4101 ext 13731

Date Completed
3/30/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	McDonough District Hospital	56
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	8
Total Admissions 2013	280
Total Discharges 2013	282
Residents on 12/31/2013	6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	16	16	13	16	6	10	16	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	13	16	6	10	16	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2216	37.9%	15	0.0%	0	221	0	2	2454	42.0%	42.0%
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	2216	37.9%	15	0.0%	0	221	0	2	2454	42.0%	42.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	0	0	0	0	0	0	0	2	0	2
85+	2	0	0	0	0	0	0	0	2	0	2
TOTALS	6	0	0	0	0	0	0	0	6	0	6

MCDONOUGH COUNTY HOSPITAL
525 EAST GRANT STREET
MACOMB, IL. 61455

Classification Numbers

License Number	6012777	
Health Service Area	002	
Planning Service Area	109	McDonough

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	0	0	0	0	0	6
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	0	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	898
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	0	0	0	0	0
Total	6	0	0	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	6	0	0	0	6
Ethnicity Unknown	0	0	0	0	0
Total	6	0	0	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.84
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	5.24
LPN's	3.90
Certified Aides	0.70
Other Health Staff	0.85
Non-Health Staff	0.91
Totals	12.94

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
53.0%	0.9%	18.0%	28.0%	0.0%	100.0%		
729,851	12,692	247,933	385,528	0	1,376,004	1,805	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MCGOWAN HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6014864
Health Service Area 006 Planning Service Area 601

Administrator
Sharon Keane

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Date Completed
3/22/2014

Registered Agent Information
Sister Rosemary Connelly
6300 N. Rdige ave.
Chicago, IL 60660

Building	Reported Age
Building 1 McGowan House	16
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5742	98.3%	0	0	0	0	5742	98.3%	98.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5742	98.3%	0	0	0	0	5742	98.3%	98.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	8	0	0	5	8	13
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	8	8	0	0	8	8	16

MCGOWAN HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Classification Numbers

License Number	6014864	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.04
Director of Nursing	0.25
Registered Nurses	2.21
LPN's	0.37
Certified Aides	15.67
Other Health Staff	5.28
Non-Health Staff	3.43
Totals	27.75

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%	89.3%	0.0%	0.0%	10.7%	100.0%		
0	895,264	0	0	107,269	1,002,533	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MCLEAN COUNTY NURSING HOME
901 NORTH MAIN
NORMAL, IL. 61761

Reference Numbers Facility ID 6005946
Health Service Area 004 Planning Service Area 113

Administrator
Jack Moody

Contact Person and Telephone
SANDY WILES

Registered Agent Information **Date Completed** 3/17/2014

Building	Reported Age
Building 1 Nursing Home	40
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	140
Total Admissions 2013	170
Total Discharges 2013	177
Residents on 12/31/2013	133

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	21
Digestive System	14
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	2
Injuries and Poisonings	16
Other Medical Conditions	19
Non-Medical Conditions	37
TOTALS	133

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	150	150	147	133	17	18	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	150	147	133	17	18	150

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1689	25.7%	32420	59.2%	0	0	15867	0	49976	91.3%	91.3%
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	1689	25.7%	32420	59.2%	0	0	15867	0	49976	91.3%	91.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	10	25	0	0	0	0	0	0	10	25	35
85+	14	72	0	0	0	0	0	0	14	72	86
TOTALS	30	103	0	0	0	0	0	0	30	103	133

MCLEAN COUNTY NURSING HOME
901 NORTH MAIN
NORMAL, IL. 61761

Classification Numbers

License Number	6005946	
Health Service Area	004	
Planning Service Area	113	McLean

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	82	0	0	44	0	133
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	82	0	0	44	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	159	159
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	129	0	0	0	129
Race Unknown	0	0	0	0	0
Total	133	0	0	0	133

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	133	0	0	0	133
Ethnicity Unknown	0	0	0	0	0
Total	133	0	0	0	133

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	12.00
Certified Aides	49.00
Other Health Staff	10.00
Non-Health Staff	48.00
Totals	129.00

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
8.4%	56.9%	0.0%	0.0%	34.7%	100.0%		
622,039	4,213,268	0	0	2,573,622	7,408,929	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MCLEANSBORO REHAB & HLTHCARE CTR
405 WEST CARPENTER
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6005417
Health Service Area 005 Planning Service Area 059

Administrator
Loretta Ellis

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/27/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	McLeansboro Rehab & Health C	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	21
Total Admissions 2013	31
Total Discharges 2013	24
Residents on 12/31/2013	28

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	28

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	43	41	28	41	28	15	43	43
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	43	41	28	41	28	15	43	43

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	826	5.3%	4767	30.4%	120	91	1953	0	7757	49.4%	51.8%
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	826	5.3%	4767	30.4%	120	91	1953	0	7757	49.4%	51.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	3	2	0	0	0	0	0	0	3	2	5
85+	8	14	0	0	0	0	0	0	8	14	22
TOTALS	11	17	0	0	0	0	0	0	11	17	28

MCLEANSBORO REHAB & HLTHCARE CTR
405 WEST CARPENTER
MCLEANSBORO, IL. 62859

Classification Numbers

License Number	6005417	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	16	0	0	8	0	28
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	16	0	0	8	0	28

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	124
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	28	0	0	0	28
Race Unknown	0	0	0	0	0
Total	28	0	0	0	28

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	28	0	0	0	28
Ethnicity Unknown	0	0	0	0	0
Total	28	0	0	0	28

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	2.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	14.00
Totals	31.00

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
31.1%	47.2%	0.0%	3.4%	18.3%	100.0%		
343,391	521,967	0	37,475	202,820	1,105,653	1,217	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MCNERNEY HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6016596
Health Service Area 006 Planning Service Area 601

Administrator
Emily Tazic

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Date Completed
3/22/2014

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Building	Reported Age
Building 1 McNerney House	3
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
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	11

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	12
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	11	1		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	11	1	0	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4326	#Div/0!	0	0	0	0	4326	98.8%	98.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4326	98.8%	0	0	0	0	4326	98.8%	98.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	0	0	0	5	0	5
45 to 59	0	0	0	0	6	0	0	0	6	0	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	11	0	0	0	11	0	11

MCNERNEY HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Classification Numbers

License Number	6016596	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.42
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	9.45
Other Health Staff	3.22
Non-Health Staff	0.15
Totals	13.78

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%	84.4%	15.4%	0.0%	0.3%	100.0%		
0	620,133	112,860	0	2,010	735,003	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEADOW MANOR SKILLED NURS & REHAB
800 MC ADAM DRIVE
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6005953
Health Service Area 003 Planning Service Area 021

Administrator
Keri Shatley

Contact Person and Telephone
Keri Shatley
217-824-2277

Date Completed
3/14/2014

Registered Agent Information
C.T. Corporate
208 LaSalle, Suite 814
Chicago, IL 60604

Life Care Facility

Building	Reported Age
Building 1 Meadow Manor Skilled Nursing a	61
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	68
Total Admissions 2013	157
Total Discharges 2013	165
Residents on 12/31/2013	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	96	78	78	78	60	36	48	96
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	96	78	78	78	60	36	48	96

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4146	23.7%	24564	70.1%	1514	1415	133343	0	164982	470.8%	579.5%
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	4146	23.7%	24564	70.1%	1514	1415	133343	0	164982	470.8%	579.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	8	29	0	0	0	0	0	0	8	29	37
TOTALS	18	42	0	0	0	0	0	0	18	42	60

MEADOW MANOR SKILLED NURS & REHAB
800 MC ADAM DRIVE
TAYLORVILLE, IL. 62568

Classification Numbers

License Number	6005953	
Health Service Area	003	
Planning Service Area	021	Christian

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	35	2	1	14	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	35	2	1	14	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	137
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	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

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	14.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	72.00

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
29.2%	33.7%	12.7%	3.3%	21.0%	100.0%		
324,893	374,949	141,690	37,013	233,805	1,112,350	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEADOWBROOK ESTATES
319 NORTH LOCUST
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6011399
Health Service Area 005 Planning Service Area 059

Administrator
Robin Cimera

Contact Person and Telephone
Tonya Lindsay
618-244-7701

Date Completed
3/25/2014

Registered Agent Information
Tonya Lindsey
2025B Broadway, P.O. Box 705
Mount Vernon, IL 62864

Building	Reported Age
Building 1 16 bed ICF/DD	26
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	3
Total Discharges 2013	2
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5553	95.1%	0	0	0	0	5553	95.1%	95.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5553	95.1%	0	0	0	0	5553	95.1%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	1	0	0	3	1	4
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	8	0	0	7	8	15

MEADOWBROOK ESTATES
319 NORTH LOCUST
MCLEANSBORO, IL. 62859

Classification Numbers

License Number	6011399	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	122	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.50
Other Health Staff	3.00
Non-Health Staff	0.00
Totals	13.00

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
0.0%	84.8%	0.0%	0.0%	15.2%	100.0%		
0	563,927	0	0	101,395	665,322	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEADOWBROOK MANOR
431 WEST REMINGTON BOULEVARD
BOLINGBROOK, IL. 60440

Reference Numbers Facility ID 6013120
Health Service Area 009 Planning Service Area 197

Administrator
Ahmad Rashid

Contact Person and Telephone
RALPH RICANA
630-759-1112

Date Completed
3/31/2014

Registered Agent Information
Charles Sheets
161 N. Clark Street, Suite 4200
Chicago, IL 60601

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	15
Blood Disorders	5
*Nervous System Non Alzheimer	17
Alzheimer Disease	8
Mental Illness	1
Developmental Disability	0
Circulatory System	36
Respiratory System	25
Digestive System	15
Genitourinary System Disorders	20
Skin Disorders	8
Musculo-skeletal Disorders	30
Injuries and Poisonings	13
Other Medical Conditions	47
Non-Medical Conditions	33
TOTALS	277

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 1

Building	Reported Age
Building 1	23
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	272
Total Admissions 2013	544
Total Discharges 2013	542
Residents on 12/31/2013	274

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	298	298	284	298	274	24	298	298
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	298	298	284	298	274	24	298	298

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12574	11.6%	76685	70.5%	1700	1138	9020	0	101117	93.0%	93.0%
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	12574	11.6%	76685	70.5%	1700	1138	9020	0	101117	93.0%	93.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	6	0	0	0	0	0	0	2	6	8
60 to 64	25	17	0	0	0	0	0	0	25	17	42
65 to 74	29	28	0	0	0	0	0	0	29	28	57
75 to 84	32	35	0	0	0	0	0	0	32	35	67
85+	52	51	0	0	0	0	0	0	52	51	103
TOTALS	140	137	0	0	0	0	0	0	140	137	277

MEADOWBROOK MANOR
431 WEST REMINGTON BOULEVARD
BOLINGBROOK, IL. 60440

Classification Numbers

License Number	6013120	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	210	5	3	25	0	277
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	34	210	5	3	25	0	277

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	186
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	14	0	0	0	14
American Indian	0	0	0	0	0
Black	77	0	0	0	77
Hawaiian/Pacific Isl.	0	0	0	0	0
White	186	0	0	0	186
Race Unknown	0	0	0	0	0
Total	277	0	0	0	277

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	33	0	0	0	33
Non-Hispanic	244	0	0	0	244
Ethnicity Unknown	0	0	0	0	0
Total	277	0	0	0	277

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	30.00
Certified Aides	145.00
Other Health Staff	20.00
Non-Health Staff	86.00
Totals	315.00

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
31.8%	56.2%	1.4%	2.4%	8.3%	100.0%		
6,772,234	11,973,216	299,251	503,546	1,768,850	21,317,097	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEADOWBROOK MANOR
720 RAYMOND DRIVE
NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6014518
Health Service Area 007 Planning Service Area 703

Administrator
Kathleen Sefcik

Contact Person and Telephone
RALPH R. RICANA
630-355-0220

Date Completed
3/31/2014

Registered Agent Information
Charles Sheets
161 N. Clark Street, Suite 4200
Chicago, IL 60601

Building	Reported Age
Building 1	18
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	238
Total Admissions 2013	406
Total Discharges 2013	412
Residents on 12/31/2013	232

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	12
Blood Disorders	4
*Nervous System Non Alzheimer	22
Alzheimer Disease	50
Mental Illness	2
Developmental Disability	0
Circulatory System	32
Respiratory System	21
Digestive System	11
Genitourinary System Disorders	13
Skin Disorders	2
Musculo-skeletal Disorders	14
Injuries and Poisonings	5
Other Medical Conditions	23
Non-Medical Conditions	17
TOTALS	234

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	245	245	240	245	232	13	245	245
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	245	245	240	245	232	13	245	245

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9144	10.2%	65998	73.8%	0	391	9854	0	85387	95.5%	95.5%
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	9144	10.2%	65998	73.8%	0	391	9854	0	85387	95.5%	95.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	0	0	0	0	2	0	2
45 to 59	4	0	0	0	0	0	0	0	4	0	4
60 to 64	3	10	0	0	0	0	0	0	3	10	13
65 to 74	9	20	0	0	0	0	0	0	9	20	29
75 to 84	30	57	0	0	0	0	0	0	30	57	87
85+	20	79	0	0	0	0	0	0	20	79	99
TOTALS	68	166	0	0	0	0	0	0	68	166	234

MEADOWBROOK MANOR
720 RAYMOND DRIVE
NAPERVILLE, IL. 60563

Classification Numbers

License Number	6014518	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	181	0	1	27	0	234
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	181	0	1	27	0	234

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	10	0	0	0	10
American Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	204	0	0	0	204
Race Unknown	0	0	0	0	0
Total	234	0	0	0	234

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	226	0	0	0	226
Ethnicity Unknown	0	0	0	0	0
Total	234	0	0	0	234

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	16.00
Certified Aides	74.00
Other Health Staff	24.00
Non-Health Staff	67.00
Totals	200.00

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
25.7%	62.5%	0.0%	0.9%	10.9%	100.0%		
4,512,684	11,000,645	0	158,206	1,917,731	17,589,266	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEADOWBROOK MANOR LAGRANGE
339 SOUTH 9TH STREET
LAGRANGE, IL. 60525

Reference Numbers Facility ID 6016281
Health Service Area 007 Planning Service Area 705

Administrator
Katharine Hansen

Contact Person and Telephone
Katharine Hansen
708-354-4660

Date Completed
4/3/2014

Registered Agent Information

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	4
*Nervous System Non Alzheimer	9
Alzheimer Disease	9
Mental Illness	8
Developmental Disability	0
Circulatory System	32
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	10
Skin Disorders	5
Musculo-skeletal Disorders	14
Injuries and Poisonings	9
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	132

Total Residents Diagnosed as Mentally Ill 76

Total Residents Reported as Identified Offenders 3

Building		Reported Age
Building 1	Single building facility	104
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	121
Total Admissions 2013	245
Total Discharges 2013	234
Residents on 12/31/2013	132

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	197	145	137	145	132	65	94	197
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	197	145	137	145	132	65	94	197

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4457	13.0%	29412	40.9%	0	540	12967	0	47376	65.9%	89.5%
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	4457	13.0%	29412	40.9%	0	540	12967	0	47376	65.9%	89.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	5	0	0	0	0	0	0	2	5	7
60 to 64	4	8	0	0	0	0	0	0	4	8	12
65 to 74	9	14	0	0	0	0	0	0	9	14	23
75 to 84	6	32	0	0	0	0	0	0	6	32	38
85+	8	44	0	0	0	0	0	0	8	44	52
TOTALS	29	103	0	0	0	0	0	0	29	103	132

MEADOWBROOK MANOR LAGRANGE
339 SOUTH 9TH STREET
LAGRANGE, IL. 60525

Classification Numbers

License Number	6016281	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	76	0	1	44	0	132
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	76	0	1	44	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	186
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	124	0	0	0	124
Race Unknown	0	0	0	0	0
Total	132	0	0	0	132

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	132	0	0	0	132

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	20.00
Certified Aides	52.00
Other Health Staff	8.00
Non-Health Staff	51.00
Totals	145.00

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
23.7%	52.9%	0.0%	1.9%	21.4%	100.0%		
2,175,566	4,859,092	0	176,670	1,965,492	9,176,820	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEADOWOOD
SECOND AND COMMERCE
GRAYVILLE, IL. 62844

Reference Numbers Facility ID 6005987
Health Service Area 005 Planning Service Area 193

Administrator
Michael A. Cunningham

Contact Person and Telephone
MICHAEL A. CUNNINGHAM
618-375-2171

Date Completed
4/1/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	42
Total Admissions 2013	36
Total Discharges 2013	32
Residents on 12/31/2013	46

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	6
Mental Illness	7
Developmental Disability	1
Circulatory System	5
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	46

Total Residents Diagnosed as Mentally Ill 24

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	74	51	74	46	28	10	74
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	51	74	46	28	10	74

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1459	40.0%	11447	42.4%	281	0	3306	0	16493	61.1%	61.1%
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	1459	40.0%	11447	42.4%	281	0	3306	0	16493	61.1%	61.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	5	17	0	0	0	0	0	0	5	17	22
TOTALS	14	32	0	0	0	0	0	0	14	32	46

MEADOWOOD
SECOND AND COMMERCE
GRAYVILLE, IL. 62844

Classification Numbers

License Number	6005987	
Health Service Area	005	
Planning Service Area	193	White

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	29	1	0	9	0	46
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	29	1	0	9	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	46	0	0	0	46
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	0	46

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	9.00
Certified Aides	26.00
Other Health Staff	3.00
Non-Health Staff	15.00
Totals	58.00

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
28.0%	31.0%	0.4%	0.0%	40.6%	100.0%		
610,540	675,760	8,783	0	884,921	2,180,004	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEADOWS
3250 SOUTH PLUM GROVE ROAD
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6005995
Health Service Area 007 Planning Service Area 701

Administrator
Robin Witt

Contact Person and Telephone
ROBIN WITT
847-397-0055

Date Completed
3/31/2014

Registered Agent Information
Byrn T. Witt
747 S. Arlington Heights Road
Arlington Heights, IL 60005

Building	Reported Age
Building 1 Meadows	39
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	83
Total Admissions 2013	11
Total Discharges 2013	3
Residents on 12/31/2013	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	91
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	91

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	99	99	94	99	91	8		99
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	94	99	91	8	0	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			30531	84.5%	0	0	1095	0	31626	87.5%	87.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	30531	84.5%	0	0	1095	0	31626	87.5%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	13	5	0	0	13	5	18
45 to 59	0	0	0	0	15	13	0	0	15	13	28
60 to 64	0	0	0	0	6	11	0	0	6	11	17
65 to 74	0	0	0	0	8	11	0	0	8	11	19
75 to 84	0	0	0	0	2	6	0	0	2	6	8
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	44	47	0	0	44	47	91

MEADOWS
3250 SOUTH PLUM GROVE ROAD
ROLLING MEADOWS, IL. 60008

Classification Numbers

License Number	6005995	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		87	0	0	4	0	91
Sheltered Care			0	0	0	0	0
TOTALS	0	87	0	0	4	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	200	136
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	3	0	3
American Indian	0	0	1	0	1
Black	0	0	6	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	81	0	81
Race Unknown	0	0	0	0	0
Total	0	0	91	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	90	0	90
Ethnicity Unknown	0	0	0	0	0
Total	0	0	91	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	31.00
Totals	66.00

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
0.0%	96.9%	0.0%	0.0%	3.1%	100.0%		
0	4,170	0	0	135	4,305	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEADOWS MENNONITE HOME
24588 CHURCH STREET
CHENOA, IL. 61726

Reference Numbers Facility ID 6006001
Health Service Area 004 Planning Service Area 113

Administrator
Tim Boisseau

Contact Person and Telephone
Tim Boisseau
309-747-3643

Date Completed
3/24/2014

Registered Agent Information
Timothy J. Boisseau
24588 Church Street
Chenoa, IL 61726

Continuing Care Retirement Community

Building		Reported Age
Building 1	Station 1 & 2	37
Building 2	Station 3	50
Building 3	Station 4	17
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	93
Total Admissions 2013	85
Total Discharges 2013	87
Residents on 12/31/2013	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	63
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	130	114	95	114	91	39	116	130
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	29	3	0	3	0	29		
TOTAL BEDS	159	117	95	117	91	68	116	130

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2131	5.0%	11785	24.8%	0	0	17701	0	31617	66.6%	76.0%
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	2131	5.0%	11785	24.8%	0	0	17701	0	31617	54.5%	74.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	12	20	0	0	0	0	0	0	12	20	32
85+	10	43	0	0	0	0	0	0	10	43	53
TOTALS	24	67	0	0	0	0	0	0	24	67	91

MEADOWS MENNONITE HOME
24588 CHURCH STREET
CHENOA, IL. 61726

Classification Numbers

License Number	6006001	
Health Service Area	004	
Planning Service Area	113	McLean

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	31	0	19	32	3	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	31	0	19	32	3	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	228	213
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	75	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	91	0	0	0	91
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	8.00
Certified Aides	44.00
Other Health Staff	4.00
Non-Health Staff	39.00
Totals	104.00

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
23.1%	22.8%	0.0%	5.3%	48.9%	100.0%		
1,594,399	1,571,979	0	363,610	3,373,598	6,903,586	7,260	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEDINA NURSING CENTER
402 S. CENTER ST
DURAND, IL. 61024

Reference Numbers Facility ID 6006019
Health Service Area 001 Planning Service Area 201

Administrator
Holgeir Oksnevad

Contact Person and Telephone
HOLGEIR OKSNEVAD
815-248-2151

Date Completed
3/4/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	17
Mental Illness	3
Developmental Disability	1
Circulatory System	12
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Main Building	49
Building 2	West Wing	34
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	62
Total Admissions 2013	125
Total Discharges 2013	132
Residents on 12/31/2013	55

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	89	74	64	74	55	34	89	89
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	89	74	64	74	55	34	89	89

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2860	8.8%	12864	39.6%	312	0	6435	0	22471	69.2%	83.2%
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	2860	8.8%	12864	39.6%	312	0	6435	0	22471	69.2%	83.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	5	20	0	0	0	0	0	0	5	20	25
TOTALS	15	40	0	0	0	0	0	0	15	40	55

MEDINA NURSING CENTER
402 S. CENTER ST
DURAND, IL. 61024

Classification Numbers

License Number	6006019	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	31	1	0	21	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	31	1	0	21	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	5.00
Certified Aides	28.00
Other Health Staff	1.00
Non-Health Staff	35.00
Totals	78.00

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
32.4%	36.4%	1.2%	0.0%	30.0%	100.0%		
1,494,691	1,683,757	53,621	0	1,388,050	4,620,119	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEMORIAL CARE CENTER
4315 MEMORIAL DRIVE
BELLEVILLE, IL. 62226

Reference Numbers Facility ID 6006035
Health Service Area 011 Planning Service Area 163

Administrator
Anne B. Crook

Contact Person and Telephone
ANNE B. CROOK
618-257-5768

Date Completed
3/26/2014

Registered Agent Information
Mark J. Turner
4500 Memorial Drive
Belleville, IL 62226

Building		Reported Age
Building 1	Memorial Care Center	50
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	52
Total Admissions 2013	951
Total Discharges 2013	950
Residents on 12/31/2013	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	2
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	108	63	63	63	53	55	108	8
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	108	63	63	63	53	55	108	8

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15329	38.9%	59	2.0%	77	6186	43	0	21694	55.0%	94.3%
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	15329	38.9%	59	2.0%	77	6186	43	0	21694	55.0%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	8	5	0	0	0	0	0	0	8	5	13
75 to 84	7	14	0	0	0	0	0	0	7	14	21
85+	5	10	0	0	0	0	0	0	5	10	15
TOTALS	21	32	0	0	0	0	0	0	21	32	53

MEMORIAL CARE CENTER
4315 MEMORIAL DRIVE
BELLEVILLE, IL. 62226

Classification Numbers

License Number	6006035	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	0	0	13	0	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	40	0	0	13	0	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	278	271
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	4.00
Certified Aides	28.00
Other Health Staff	25.00
Non-Health Staff	25.00
Totals	106.00

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
64.5%	0.1%	0.2%	35.1%	0.2%	100.0%		
6,242,970	6,833	18,300	3,391,979	16,163	9,676,245	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEMORIAL MEDICAL CENTER
527 WEST SOUTH STREET
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6013981
Health Service Area 008 Planning Service Area 111

Administrator
Mike Eesley

Contact Person and Telephone
LORI SULLIVAN
815-334-5517

Date Completed
4/4/2014

Registered Agent Information

Building		Reported Age
Building 1	No Residential - Short term reha	30
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	0
Total Admissions 2013	360
Total Discharges 2013	349
Residents on 12/31/2013	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	11

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	40	26	23	24	11	29	40	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	40	26	23	24	11	29	40	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3336	22.8%	8	0.0%	0	1005	211	69	4629	31.7%	48.8%
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	3336	22.8%	8	0.0%	0	1005	211	69	4629	31.7%	48.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	0	4	0	0	0	0	0	0	0	4	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	4	7	0	0	0	0	0	0	4	7	11

MEMORIAL MEDICAL CENTER
527 WEST SOUTH STREET
WOODSTOCK, IL. 60098

Classification Numbers

License Number	6013981	
Health Service Area	008	
Planning Service Area	111	McHenry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	0	0	4	0	0	11
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	0	0	4	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	792	792
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	11	0	0	0	11
Race Unknown	0	0	0	0	0
Total	11	0	0	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	11	0	0	0	11
Ethnicity Unknown	0	0	0	0	0
Total	11	0	0	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.10
Director of Nursing	0.50
Registered Nurses	9.30
LPN's	0.00
Certified Aides	8.90
Other Health Staff	1.40
Non-Health Staff	1.00
Totals	21.70

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
60.7%	0.3%	4.7%	24.9%	9.4%	100.0%		
1,017,543	5,317	78,403	417,474	157,195	1,675,932	121,780	7.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MENDOTA LUTHERAN HOME
500 6TH STREET
MENDOTA, IL. 61342

Reference Numbers Facility ID 6006050
Health Service Area 002 Planning Service Area 099

Administrator
Jon M Ragsdale

Contact Person and Telephone
JON RAGSDALE
815-539-7439

Date Completed
3/5/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	93

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Mendota Lutheran Home	50
Building 2		42
Building 3		38
Building 4		19
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	81
Total Admissions 2013	69
Total Discharges 2013	57
Residents on 12/31/2013	93

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	94	99	89	10	113	52
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	14	6	5	6	4	10		
TOTAL BEDS	113	105	99	105	93	20	113	52

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4522	11.0%	12612	66.4%	0	0	13028	0	30162	83.5%	83.5%
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	1564	0	1564	30.6%	71.4%
TOTALS	4522	11.0%	12612	66.4%	0	0	14592	0	31726	76.9%	82.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	10	19	0	0	0	0	1	0	11	19	30
85+	7	49	0	0	0	0	1	2	8	51	59
TOTALS	19	70	0	0	0	0	2	2	21	72	93

MENDOTA LUTHERAN HOME
500 6TH STREET
MENDOTA, IL. 61342

Classification Numbers

License Number	6006050	
Health Service Area	002	
Planning Service Area	099	LaSalle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	33	0	0	41	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	4	0	4
TOTALS	15	33	0	0	45	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	218	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	109	97

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	4	93
Race Unknown	0	0	0	0	0
Total	89	0	0	4	93

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	87	0	0	4	91
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	4	93

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	11.00
Certified Aides	49.00
Other Health Staff	0.00
Non-Health Staff	40.00
Totals	114.00

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
36.0%	25.2%	0.0%	0.0%	38.8%	100.0%		
2,444,977	1,707,454	0	0	2,635,790	6,788,221	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MERCY HARVARD HOSPITAL CARE CENTER
901 GRANT STREET
HARVARD, IL. 60033

Reference Numbers Facility ID 9111001
Health Service Area 008 Planning Service Area 111

Administrator
Katherine Kus, NHA

Contact Person and Telephone
KATHERINE KUS, NHA
815-943-2967

Date Completed
3/19/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	27

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Mercy Harvard Care Center	28
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	17
Total Admissions 2013	140
Total Discharges 2013	130
Residents on 12/31/2013	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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	45	32	29	32	27	18	34	6
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	45	32	29	32	27	18	34	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2807	22.6%	798	36.4%	0	153	3708	0	7466	45.5%	63.9%
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	2807	22.6%	798	36.4%	0	153	3708	0	7466	45.5%	63.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	5	11	0	0	0	0	0	0	5	11	16
TOTALS	8	19	0	0	0	0	0	0	8	19	27

MERCY HARVARD HOSPITAL CARE CENTER
901 GRANT STREET
HARVARD, IL. 60033

Classification Numbers

License Number	9111001	
Health Service Area	008	
Planning Service Area	111	McHenry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	2	0	0	13	0	27
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	2	0	0	13	0	27

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	211
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	27	0	0	0	27
Race Unknown	0	0	0	0	0
Total	27	0	0	0	27

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	27	0	0	0	27
Ethnicity Unknown	0	0	0	0	0
Total	27	0	0	0	27

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.80
LPN's	0.00
Certified Aides	10.60
Other Health Staff	8.05
Non-Health Staff	0.00
Totals	29.45

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
59.6%	11.3%	0.0%	4.9%	24.2%	100.0%		
1,073,561	203,154	0	88,702	436,106	1,801,523	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MERIDIAN VILLAGE
27 AUERBACH PLACE
GLEN CARBON, IL. 62034

Reference Numbers Facility ID 6015812
Health Service Area 011 Planning Service Area 119

Administrator
Jacqueline Bogner

Contact Person and Telephone
Jacqueline Bogner
618-205-4201

Date Completed
3/25/2014

Registered Agent Information
Colleen Bottens
101 Evergreen Lane
Glen Carbon, IL 62034

Continuing Care Retirement Community
Life Care Facility

Building		Reported Age
Building 1	Vintage Gardens	8
Building 2	Care Center Expansion	3
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	63
Total Admissions 2013	254
Total Discharges 2013	250
Residents on 12/31/2013	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	70	70	69	69	67	3	70	14
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	70	70	69	69	67	3	70	14

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5217	20.4%	1577	30.9%	0	0	16578	0	23372	91.5%	91.5%
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	5217	20.4%	1577	30.9%	0	0	16578	0	23372	91.5%	91.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	8	0	0	0	0	0	0	0	8	8
75 to 84	11	6	0	0	0	0	0	0	11	6	17
85+	11	31	0	0	0	0	0	0	11	31	42
TOTALS	22	45	0	0	0	0	0	0	22	45	67

MERIDIAN VILLAGE
27 AUERBACH PLACE
GLEN CARBON, IL. 62034

Classification Numbers

License Number	6015812	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	5	0	0	43	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	5	0	0	43	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	262	196
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	8.20
LPN's	8.40
Certified Aides	36.40
Other Health Staff	8.40
Non-Health Staff	12.40
Totals	75.90

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
36.9%	0.4%	0.0%	0.0%	62.7%	100.0%		
2,343,066	25,262	0	0	3,973,954	6,342,282	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

METROPOLIS NURSING & REHAB CENTER
2299 METROPOLIS STREET
METROPOLIS, IL. 62960

Reference Numbers Facility ID 6006118
Health Service Area 005 Planning Service Area 087

Administrator
Roger Herman

Contact Person and Telephone
Lea Ann Parker
618-524-2634

Date Completed
3/28/2014

Registered Agent Information
Daniel Maher
412 E. Lawrence
Springfield, IL 62703

Building	Reported Age
Building 1 Metropolis RHCC	49
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	74
Total Admissions 2013	116
Total Discharges 2013	105
Residents on 12/31/2013	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	6
Mental Illness	6
Developmental Disability	1
Circulatory System	8
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	6
Other Medical Conditions	6
Non-Medical Conditions	35
TOTALS	85

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	101	88	85	88	85	16	101	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	88	85	88	85	16	101	101

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4149	11.3%	16196	43.9%	0	508	7186	0	28039	76.1%	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	4149	11.3%	16196	43.9%	0	508	7186	0	28039	76.1%	87.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	6	5	0	0	0	0	0	0	6	5	11
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	8	11	0	0	0	0	0	0	8	11	19
85+	10	36	0	0	0	0	0	0	10	36	46
TOTALS	30	55	0	0	0	0	0	0	30	55	85

METROPOLIS NURSING & REHAB CENTER
2299 METROPOLIS STREET
METROPOLIS, IL. 62960

Classification Numbers

License Number	6006118	
Health Service Area	005	
Planning Service Area	087	Johnson/Massac

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	47	0	1	20	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	47	0	1	20	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.25
LPN's	8.00
Certified Aides	34.25
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	75.50

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
38.9%	36.2%	0.0%	3.6%	21.3%	100.0%		
1,978,853	1,843,230	0	183,241	1,082,321	5,087,645	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MID AMERICA CARE CENTER
4920 NORTH KENMORE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6006134
Health Service Area 006 Planning Service Area 601

Administrator
Yehoshua Davis

Contact Person and Telephone
MICHAEL APPLEBAUM
773-769-2700

Date Completed
4/2/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	46
Blood Disorders	34
*Nervous System Non Alzheimer	15
Alzheimer Disease	12
Mental Illness	15
Developmental Disability	5
Circulatory System	12
Respiratory System	67
Digestive System	28
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	263

Total Residents Diagnosed as Mentally Ill 59

Total Residents Reported as Identified Offenders 16

Building		Reported Age
Building 1	Mid America Care Center	38
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	262
Total Admissions 2013	227
Total Discharges 2013	226
Residents on 12/31/2013	263

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	310	302	288	302	263	47	310	310
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	310	302	288	302	263	47	310	310

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5724	5.1%	87882	77.7%	988	440	1889	0	96923	85.7%	87.9%
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	5724	5.1%	87882	77.7%	988	440	1889	0	96923	85.7%	87.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	3	0	0	0	0	0	0	6	3	9
45 to 59	38	28	0	0	0	0	0	0	38	28	66
60 to 64	28	23	0	0	0	0	0	0	28	23	51
65 to 74	39	18	0	0	0	0	0	0	39	18	57
75 to 84	27	27	0	0	0	0	0	0	27	27	54
85+	10	16	0	0	0	0	0	0	10	16	26
TOTALS	148	115	0	0	0	0	0	0	148	115	263

MID AMERICA CARE CENTER
4920 NORTH KENMORE
CHICAGO, IL. 60640

Classification Numbers

License Number	6006134	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	241	1	2	5	0	263
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	241	1	2	5	0	263

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	30	0	0	0	30
American Indian	1	0	0	0	1
Black	115	0	0	0	115
Hawaiian/Pacific Isl.	0	0	0	0	0
White	117	0	0	0	117
Race Unknown	0	0	0	0	0
Total	263	0	0	0	263

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	25	0	0	0	25
Non-Hispanic	238	0	0	0	238
Ethnicity Unknown	0	0	0	0	0
Total	263	0	0	0	263

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	19.00
Certified Aides	73.00
Other Health Staff	16.00
Non-Health Staff	78.00
Totals	210.00

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
13.2%	83.4%	0.7%	1.0%	1.7%	100.0%		
1,973,248	12,427,499	96,880	146,031	257,770	14,901,428	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MIDWAY NEUROLOGICAL & REHAB CENTER
8540 SOUTH HARLEM AVENUE
BRIDGEVIEW, IL. 60455

Reference Numbers Facility ID 6003826
Health Service Area 007 Planning Service Area 705

Administrator
Carrie DiPaolo

Contact Person and Telephone
Carrie DiPaolo
708-598-2605

Date Completed
3/28/2014

Registered Agent Information
David Gross
240 Fencl Lane
Hillside, IL 60162

Building		Reported Age
Building 1	Steel / Cement Building	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	320
Total Admissions 2013	285
Total Discharges 2013	279
Residents on 12/31/2013	326

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	9
Blood Disorders	12
*Nervous System Non Alzheimer	43
Alzheimer Disease	6
Mental Illness	89
Developmental Disability	2
Circulatory System	56
Respiratory System	42
Digestive System	8
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	5
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	326

Total Residents Diagnosed as Mentally Ill 120

Total Residents Reported as Identified Offenders 47

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	404	404	330	404	326	78	404	404
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	404	404	330	404	326	78	404	404

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6519	4.4%	109988	74.6%	0	1357	1026	0	118890	80.6%	80.6%
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	6519	4.4%	109988	74.6%	0	1357	1026	0	118890	80.6%	80.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	19	10	0	0	0	0	0	0	19	10	29
45 to 59	89	43	0	0	0	0	0	0	89	43	132
60 to 64	31	20	0	0	0	0	0	0	31	20	51
65 to 74	38	19	0	0	0	0	0	0	38	19	57
75 to 84	21	18	0	0	0	0	0	0	21	18	39
85+	3	15	0	0	0	0	0	0	3	15	18
TOTALS	201	125	0	0	0	0	0	0	201	125	326

MIDWAY NEUROLOGICAL & REHAB CENTER
8540 SOUTH HARLEM AVENUE
BRIDGEVIEW, IL. 60455

Classification Numbers

License Number	6003826	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	302	0	0	3	0	326
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	302	0	0	3	0	326

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	136	0	0	0	136
Hawaiian/Pacific Isl.	0	0	0	0	0
White	180	0	0	0	180
Race Unknown	9	0	0	0	9
Total	326	0	0	0	326

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	20	0	0	0	20
Non-Hispanic	297	0	0	0	297
Ethnicity Unknown	9	0	0	0	9
Total	326	0	0	0	326

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	11.00
LPN's	26.00
Certified Aides	70.00
Other Health Staff	5.00
Non-Health Staff	72.00
Totals	189.00

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
18.5%	78.2%	0.0%	0.9%	2.4%	100.0%		
3,366,047	14,237,818	0	171,501	428,973	18,204,339	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MIDWEST REHAB & RESPIRATORY CENTER
727 NORTH 17TH STREET
BELLEVILLE, IL. 62226

Reference Numbers Facility ID 6001341
Health Service Area 011 Planning Service Area 163

Administrator
Latrese Washington

Contact Person and Telephone
Latrese Washington
618-234-3323

Date Completed
4/2/2014

Registered Agent Information
Lawrence Schwartz
8707 Skokie, Suite 310
Chicago, IL 60077

Building		Reported Age
Building 1	Midwest Rehab and Respiratory	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	88
Total Admissions 2013	38
Total Discharges 2013	42
Residents on 12/31/2013	84

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	35
Developmental Disability	0
Circulatory System	14
Respiratory System	16
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 35

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	180	144	93	110	84	96	135	180
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	180	144	93	110	84	96	135	180

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	415	0.8%	28831	43.9%	0	0	8	0	29254	44.5%	55.7%
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	415	0.8%	28831	43.9%	0	0	8	0	29254	44.5%	55.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	4	0	0	0	0	0	0	2	4	6
45 to 59	16	11	0	0	0	0	0	0	16	11	27
60 to 64	5	8	0	0	0	0	0	0	5	8	13
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	36	48	0	0	0	0	0	0	36	48	84

MIDWEST REHAB & RESPIRATORY CENTER
727 NORTH 17TH STREET
BELLEVILLE, IL. 62226

Classification Numbers

License Number	6001341	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	76	6	0	0	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	76	6	0	0	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	38	0	0	0	38
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	3	0	0	0	3
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	2	0	0	0	2
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	13.50
Certified Aides	22.00
Other Health Staff	15.00
Non-Health Staff	22.30
Totals	78.80

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
4.7%	94.9%	0.0%	0.0%	0.4%	100.0%		
200,022	4,041,701	0	0	17,090	4,258,813	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MILESTONE - ELMWOOD EAST
2642 ELMWOOD ROAD
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6006159
Health Service Area 001 Planning Service Area 201

Administrator
Joanna Grahn

Contact Person and Telephone
JOANNA GRAHN
815-639-5745

Date Completed
3/25/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
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	11

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	11	1		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	11	1	0	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4350	99.3%	0	0	0	0	4350	99.3%	99.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4350	99.3%	0	0	0	0	4350	99.3%	99.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	3	0	0	3	3	6
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	1	0	0	1	1	2
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	5	6	0	0	5	6	11

MILESTONE - ELMWOOD EAST
2642 ELMWOOD ROAD
ROCKFORD, IL. 61103

Classification Numbers

License Number	6006159	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	13.50

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%	79.3%	4.6%	0.0%	16.1%	100.0%		
0	478,092	27,527	0	97,056	602,675	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MILESTONE - ELMWOOD HEIGHTS
2662 ELMWOOD ROAD
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6006142
Health Service Area 001 Planning Service Area 201

Administrator
Joanna Grahn

Contact Person and Telephone
JOANNA GRAHN
815-639-2745

Date Completed
4/25/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	84
Total Admissions 2013	3
Total Discharges 2013	3
Residents on 12/31/2013	84

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	84
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	84

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	84	84	84	84	84	0		84
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	84	84	84	84	84	0	0	84

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			30482	99.4%	0	0	0	0	30482	99.4%	99.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	30482	99.4%	0	0	0	0	30482	99.4%	99.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	26	19	0	0	26	19	45
45 to 59	0	0	0	0	13	7	0	0	13	7	20
60 to 64	0	0	0	0	3	1	0	0	3	1	4
65 to 74	0	0	0	0	6	7	0	0	6	7	13
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	49	35	0	0	49	35	84

MILESTONE - ELMWOOD HEIGHTS
2662 ELMWOOD ROAD
ROCKFORD, IL. 61103

Classification Numbers

License Number	6006142	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		84	0	0	0	0	84
Sheltered Care			0	0	0	0	0
TOTALS	0	84	0	0	0	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	210	185
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	1	0	1
Black	0	0	21	0	21
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	61	0	61
Race Unknown	0	0	0	0	0
Total	0	0	84	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	8	0	8
Non-Hispanic	0	0	76	0	76
Ethnicity Unknown	0	0	0	0	0
Total	0	0	84	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	10.00
Certified Aides	116.00
Other Health Staff	20.00
Non-Health Staff	0.00
Totals	150.00

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
0.0%	87.1%	3.8%	0.0%	9.2%	100.0%		
0	5,091,743	219,947	0	537,504	5,849,194	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MILESTONE SUN VALLEY
3351 SUN VALLEY
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6012181
Health Service Area 001 Planning Service Area 201

Administrator
THERESA RISSER

Contact Person and Telephone
THERESA RISSER
815-639-2884

Date Completed
3/27/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	8
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	8

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	8
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	8

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	8	8	8	0	8	0		8
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	8	8	8	0	8	0	0	8

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			2920	######	0	0	0	0	2920	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2920	######	0	0	0	0	2920	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	2	0	0	3	2	5
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	4	4	0	0	4	4	8

MILESTONE SUN VALLEY
3351 SUN VALLEY
ROCKFORD, IL. 61103

Classification Numbers

License Number	6012181	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		8	0	0	0	0	8
Sheltered Care			0	0	0	0	0
TOTALS	0	8	0	0	0	0	8

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	210	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	8	0	8

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	8	0	8
Ethnicity Unknown	0	0	0	0	0
Total	0	0	8	0	8

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	6.00
Other Health Staff	0.00
Non-Health Staff	0.50
Totals	7.50

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%	89.6%	0.0%	0.0%	10.4%	100.0%		
0	383,371	0	0	44,358	427,729	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MILLER HEALTH CARE CENTER
1601 BUTTERFIELD TRAIL
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6014294
Health Service Area 009 Planning Service Area 091

Administrator
Joshua Danko

Contact Person and Telephone
Michael Mutterer
815-936-6501

Date Completed
3/21/2014

Registered Agent Information
Mr. Phillip Kambic
350 N. Wall St.
Kankakee, IL 60901

Continuing Care Retirement Community

Building		Reported Age
Building 1	Building 0102 Type II (000) Cons	20
Building 2	Building 0202 Type V (111) Con	5
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	115
Total Admissions 2013	846
Total Discharges 2013	850
Residents on 12/31/2013	111

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	34
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	39
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	111

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	160	160	146	160	111	49	110	10
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	160	160	146	160	111	49	110	10

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	18142	45.2%	3147	86.2%	0	844	20786	263	43182	73.9%	73.9%
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	18142	45.2%	3147	86.2%	0	844	20786	263	43182	73.9%	73.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	8	8	0	0	0	0	0	0	8	8	16
75 to 84	11	16	0	0	0	0	0	0	11	16	27
85+	12	55	0	0	0	0	0	0	12	55	67
TOTALS	32	79	0	0	0	0	0	0	32	79	111

MILLER HEALTH CARE CENTER
1601 BUTTERFIELD TRAIL
KANKAKEE, IL. 60901

Classification Numbers

License Number	6014294	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	44	8	0	2	57	0	111
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	44	8	0	2	57	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	181
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	111	0	0	0	111

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	110	0	0	0	110
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	0	111

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	34.00
LPN's	19.00
Certified Aides	46.00
Other Health Staff	17.00
Non-Health Staff	33.00
Totals	151.00

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
64.5%	3.1%	0.0%	1.1%	31.3%	100.0%		
9,278,863	444,008	0	160,830	4,501,735	14,385,436	44,419	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MINIAT HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6006209
Health Service Area 006 Planning Service Area 601

Administrator
Joseph Ferrara

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Date Completed
3/22/2014

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Building	Reported Age
Building 1 miniat house	31
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	2
Total Discharges 2013	2
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	######	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	######	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	11	0	0	0	11	0	11
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	12	0	0	0	12	0	12

MINIAT HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Classification Numbers

License Number	6006209	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	7.02
Other Health Staff	2.45
Non-Health Staff	0.33
Totals	10.20

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
0.0%	87.5%	12.2%	0.0%	0.3%	100.0%		
0	595,379	83,053	0	2,283	680,715	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MOMENCE MEADOWS NURSING & REHAB
500 SOUTH WALNUT STREET
MOMENCE, IL. 60954

Reference Numbers Facility ID 6006258
Health Service Area 009 Planning Service Area 091

Administrator
Nathan Wolf

Contact Person and Telephone
Nathan Wolf
815-472-2423

Date Completed
4/25/2014

Registered Agent Information
David Gross
240 Fencl Lane
Hillside, IL 60162

Building		Reported Age
Building 1	Momence Meadows / Skilled Nur	37
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	97
Total Admissions 2013	204
Total Discharges 2013	210
Residents on 12/31/2013	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	12
Mental Illness	3
Developmental Disability	6
Circulatory System	14
Respiratory System	6
Digestive System	7
Genitourinary System Disorders	7
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	90

Total Residents Diagnosed as Mentally Ill 17

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	140	140	105	140	90	50	140	140
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	140	140	105	140	90	50	140	140

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3511	6.9%	28417	55.6%	0	23	1534	0	33485	65.5%	65.5%
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	3511	6.9%	28417	55.6%	0	23	1534	0	33485	65.5%	65.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	1	0	0	0	0	0	0	2	1	3
45 to 59	12	10	0	0	0	0	0	0	12	10	22
60 to 64	10	2	0	0	0	0	0	0	10	2	12
65 to 74	8	12	0	0	0	0	0	0	8	12	20
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	2	10	0	0	0	0	0	0	2	10	12
TOTALS	43	47	0	0	0	0	0	0	43	47	90

MOMENCE MEADOWS NURSING & REHAB
500 SOUTH WALNUT STREET
MOMENCE, IL. 60954

Classification Numbers

License Number	6006258	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	78	0	0	4	0	90
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	78	0	0	4	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	33	0	0	0	33
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	90	0	0	0	90

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	90	0	0	0	90

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	9.00
Certified Aides	37.00
Other Health Staff	4.00
Non-Health Staff	35.00
Totals	94.00

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
28.7%	66.0%	0.0%	0.7%	4.6%	100.0%		
1,801,676	4,142,622	0	46,813	287,570	6,278,681	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MONMOUTH NURSING HOME
117 SOUTH I STREET
MONMOUTH, IL. 61462

Reference Numbers Facility ID 6006266
Health Service Area 002 Planning Service Area 071

Administrator
Joyce Juergens

Contact Person and Telephone
JOYCE JUERGENS
309-734-3811

Date Completed
3/21/2014

Registered Agent Information

Building	Reported Age
Building 1	54
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	44
Total Admissions 2013	83
Total Discharges 2013	76
Residents on 12/31/2013	51

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	6
Mental Illness	6
Developmental Disability	1
Circulatory System	13
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	51

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	59	53	53	50	51	8	0	59
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	59	53	53	50	51	8	0	59

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1526	0.0%	7009	32.5%	384	228	7243	0	16390	76.1%	84.7%
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	1526	0.0%	7009	32.5%	384	228	7243	0	16390	76.1%	84.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	4	7	0	0	0	0	0	0	4	7	11
85+	7	23	0	0	0	0	0	0	7	23	30
TOTALS	17	34	0	0	0	0	0	0	17	34	51

MONMOUTH NURSING HOME
117 SOUTH I STREET
MONMOUTH, IL. 61462

Classification Numbers

License Number	6006266	
Health Service Area	002	
Planning Service Area	071	Henderson/Warren

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	20	0	0	19	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	20	0	0	19	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	167	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	1	0	0	0	1
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	51	0	0	0	51
Total	51	0	0	0	51

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	55.00

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
27.7%	30.2%	1.5%	2.9%	37.7%	100.0%		
783,606	853,848	43,621	81,294	1,064,416	2,826,785	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MONROE PAVILION HEALTH & TREATMNT CTR
1400 WEST MONROE STREET
CHICAGO, IL. 60607

Reference Numbers Facility ID 6006290
Health Service Area 006 Planning Service Area 602

Administrator
Linda Williams

Contact Person and Telephone
Lesa Jagusch
847-933-2600

Date Completed
4/1/2014

Registered Agent Information
Monroe Corp
1400 W Monroe St.
Chicago, IL 60407

Life Care Facility

Building		Reported Age
Building 1	Monroe Pavilion Health and Trea	114
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	132
Total Admissions 2013	122
Total Discharges 2013	127
Residents on 12/31/2013	127

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	127
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	127

Total Residents Diagnosed as Mentally Ill 127

Total Residents Reported as Identified Offenders 55

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	136	136	127	136	127	9	0	136
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	136	136	127	136	127	9	0	136

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	43116	86.9%	4217	0	0	0	47333	95.4%	95.4%
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	0	0.0%	43116	86.9%	4217	0	0	0	47333	95.4%	95.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	20	6	0	0	0	0	0	0	20	6	26
45 to 59	48	12	0	0	0	0	0	0	48	12	60
60 to 64	15	7	0	0	0	0	0	0	15	7	22
65 to 74	11	4	0	0	0	0	0	0	11	4	15
75 to 84	3	0	0	0	0	0	0	0	3	0	3
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	98	29	0	0	0	0	0	0	98	29	127

MONROE PAVILION HEALTH & TREATMNT CTR
1400 WEST MONROE STREET
CHICAGO, IL. 60607

Classification Numbers

License Number	6006290	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	115	12	0	0	0	127
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	115	12	0	0	0	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	91	0	0	0	91
Hawaiian/Pacific Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	1	0	0	0	1
Total	127	0	0	0	127

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	1	0	0	0	1
Total	127	0	0	0	127

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	15.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	69.00

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
0.0%	89.5%	10.5%	0.0%	0.0%	100.0%		
0	4,664,242	549,113	0	0	5,213,355	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MONTEBELLO HEALTH CARE CENTER
1599 KEOKUK STREET
HAMILTON, IL. 62341

Reference Numbers Facility ID 6006316
Health Service Area 003 Planning Service Area 067

Administrator
TINA BATTERTON

Contact Person and Telephone
TINA BATTERTON
217-847-3931

Date Completed
4/3/2014

Registered Agent Information

Building		Reported Age
Building 1	Montebello Healthcare Center	31
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	71
Total Admissions 2013	115
Total Discharges 2013	115
Residents on 12/31/2013	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	3
*Nervous System Non Alzheimer	5
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	1
TOTALS	71

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	139	90	71	90	71	68	139	139
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	139	90	71	90	71	68	139	139

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2997	5.9%	19315	38.1%	12	222	5231	0	27777	54.7%	84.6%
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	2997	5.9%	19315	38.1%	12	222	5231	0	27777	54.7%	84.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	6	15	0	0	0	0	0	0	6	15	21
85+	4	28	0	0	0	0	0	0	4	28	32
TOTALS	18	53	0	0	0	0	0	0	18	53	71

MONTEBELLO HEALTH CARE CENTER
1599 KEOKUK STREET
HAMILTON, IL. 62341

Classification Numbers

License Number	6006316	
Health Service Area	003	
Planning Service Area	067	Hancock

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	52	0	1	14	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	52	0	1	14	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	6.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	33.00
Totals	73.00

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
30.3%	42.8%	2.7%	2.1%	22.2%	100.0%		
1,258,732	1,776,788	110,700	85,158	922,433	4,153,811	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MONTGOMERY NURSING & REHAB CENTER
SOUTH ROUTE 127 PO BOX 309
HILLSBORO, IL. 62049

Reference Numbers Facility ID 6004444
Health Service Area 003 Planning Service Area 135

Administrator
Carla Vonder Haar

Contact Person and Telephone
CARLA VONDER HAAR
217-532-6126

Date Completed
3/18/2014

Registered Agent Information
Carla Vonder Haar
PO Box 309
Hillsboro, IL 62049

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	38
Mental Illness	6
Developmental Disability	0
Circulatory System	6
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	93

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 1

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	96
Total Admissions 2013	205
Total Discharges 2013	208
Residents on 12/31/2013	93

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	110	110	102	110	93	17	20	110
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	110	110	102	110	93	17	20	110

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4036	55.3%	18219	45.4%	0	157	13217	0	35629	88.7%	88.7%
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	4036	55.3%	18219	45.4%	0	157	13217	0	35629	88.7%	88.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	5	2	0	0	0	0	0	0	5	2	7
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	11	10	0	0	0	0	0	0	11	10	21
85+	11	45	0	0	0	0	0	0	11	45	56
TOTALS	31	62	0	0	0	0	0	0	31	62	93

MONTGOMERY NURSING & REHAB CENTER
SOUTH ROUTE 127 PO BOX 309
HILLSBORO, IL. 62049

Classification Numbers

License Number	6004444	
Health Service Area	003	
Planning Service Area	135	Montgomery

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	48	0	0	35	0	93
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	48	0	0	35	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	122
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	93	0	0	0	93
Ethnicity Unknown	0	0	0	0	0
Total	93	0	0	0	93

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	12.00
Certified Aides	48.00
Other Health Staff	7.00
Non-Health Staff	27.00
Totals	102.00

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
32.8%	35.6%	1.0%	0.0%	30.6%	100.0%		
1,893,744	2,059,812	56,563	0	1,768,108	5,778,227	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MONTGOMERY PLACE
5550 SOUTH SHORE DRIVE
CHICAGO, IL. 60637

Reference Numbers Facility ID 6013171
Health Service Area 006 Planning Service Area 603

Administrator
sheila bogen

Contact Person and Telephone
Michael Apa
773-753-4096

Date Completed
3/17/2014

Registered Agent Information
Robert Heller
5550 South Shore Dr

Continuing Care Retirement Community

Building	Reported Age
Building 1 montgomery place	23
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	34
Total Admissions 2013	192
Total Discharges 2013	191
Residents on 12/31/2013	35

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	35

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	40	40	39	40	35	5	14	4
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	40	40	39	40	35	5	14	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4300	84.1%	1397	95.7%	0	28	7163	0	12888	88.3%	88.3%
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	4300	84.1%	1397	95.7%	0	28	7163	0	12888	88.3%	88.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	6	14	0	0	0	0	0	0	6	14	20
85+	3	4	0	0	0	0	0	0	3	4	7
TOTALS	10	25	0	0	0	0	0	0	10	25	35

MONTGOMERY PLACE
5550 SOUTH SHORE DRIVE
CHICAGO, IL. 60637

Classification Numbers

License Number	6013171	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	2	0	0	20	0	35
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	2	0	0	20	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	19	0	0	0	19
Race Unknown	0	0	0	0	0
Total	35	0	0	0	35

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	34	0	0	0	34
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	0	35

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.15
LPN's	7.04
Certified Aides	14.50
Other Health Staff	5.14
Non-Health Staff	70.46
Totals	105.29

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
21.1%	1.9%	0.0%	0.3%	76.6%	100.0%		
2,277,396	207,234	0	34,401	8,261,166	10,780,197	100,471	0.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MONTGOMERY TERRACE
215 NORTH WALNUT BOX 158
NOKOMIS, IL. 62075

Reference Numbers Facility ID 6006324
Health Service Area 003 Planning Service Area 135

Administrator
ANNA BRACKENBUSH

Contact Person and Telephone
ANNA BRACKENBUSH
217-710-3195

Date Completed
4/2/2014

Registered Agent Information
E ROBERT ANDERSON
1204 N MAIN ST, PO BOX 10
Paris, IL 61944

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	MONTGOMERY TERRACE	27
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	16

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5753	98.5%	0	0	0	0	5753	98.5%	98.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5753	98.5%	0	0	0	0	5753	98.5%	98.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	6	3	0	0	6	3	9
45 to 59	0	0	0	0	1	3	0	0	1	3	4
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	8	8	0	0	8	8	16

MONTGOMERY TERRACE
215 NORTH WALNUT BOX 158
NOKOMIS, IL. 62075

Classification Numbers

License Number	6006324	
Health Service Area	003	
Planning Service Area	135	Montgomery

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	107	107
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.10
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.20
LPN's	0.00
Certified Aides	7.70
Other Health Staff	0.80
Non-Health Staff	0.70
Totals	9.50

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%	79.2%	0.0%	0.0%	20.8%	100.0%		
0	470,957	0	0	124,031	594,988	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MOORE HOUSE
9135 SOUTH BRANDON AVENUE
CHICAGO, IL. 60617

Reference Numbers Facility ID 6006340
Health Service Area 006 Planning Service Area 603

Administrator
Linda Darling

Contact Person and Telephone
Linda Darling
773-918-6209

Date Completed
3/10/2014

Registered Agent Information
Adrienne Golembiewski
1359 West Washington Blvd.
Chicago, IL 60607

Building	Reported Age
Building 1 Moore House	28
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	15	0		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	15

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5475	######	0	0	0	0	5475	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	######	0	0	0	0	5475	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	2	0	2
45 to 59	0	0	0	0	6	2	0	0	6	2	8
60 to 64	0	0	0	0	3	0	0	0	3	0	3
65 to 74	0	0	0	0	1	1	0	0	1	1	2
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	12	3	0	0	12	3	15

MOORE HOUSE
9135 SOUTH BRANDON AVENUE
CHICAGO, IL. 60617

Classification Numbers

License Number	6006340	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	130	130
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	12	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	14.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	624,496	0	0	0	624,496	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MORTON TERRACE
191 EAST QUEENWOOD ROAD
MORTON, IL. 61550

Reference Numbers Facility ID 6006407
Health Service Area 002 Planning Service Area 179

Administrator
Lance Tossell

Contact Person and Telephone
Nicole hibbard
309-266-5331

Date Completed
4/1/2014

Registered Agent Information
Stanley Klem
4600 W. Touhy Ave., Suite 200
Liincolnwood, IL 60712

Building		Reported Age
Building 1	Morton Terrace Rehabilitation an	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	110
Total Admissions 2013	103
Total Discharges 2013	107
Residents on 12/31/2013	106

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	45
Mental Illness	10
Developmental Disability	1
Circulatory System	11
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	8
Other Medical Conditions	0
Non-Medical Conditions	2
TOTALS	106

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 12

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	166	166	125	166	106	60	46	166
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	166	166	125	166	106	60	46	166

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6076	36.2%	29463	48.6%	0	1217	5006	0	41762	68.9%	68.9%
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	6076	36.2%	29463	48.6%	0	1217	5006	0	41762	68.9%	68.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	12	13	0	0	0	0	0	0	12	13	25
75 to 84	11	20	0	0	0	0	0	0	11	20	31
85+	6	34	0	0	0	0	0	0	6	34	40
TOTALS	32	74	0	0	0	0	0	0	32	74	106

MORTON TERRACE
191 EAST QUEENWOOD ROAD
MORTON, IL. 61550

Classification Numbers

License Number	6006407	
Health Service Area	002	
Planning Service Area	179	Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	65	0	1	18	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	65	0	1	18	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	206	163
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	0	0	0	0	0
Total	106	0	0	0	106

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	22.50
Certified Aides	45.00
Other Health Staff	4.00
Non-Health Staff	27.00
Totals	105.50

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
23.4%	60.4%	0.0%	3.0%	13.2%	100.0%		
1,741,409	4,500,329	0	225,312	983,252	7,450,302	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MORTON VILLA HEALTHCARE AND REHAB CENT
190 EAST QUEENWOOD ROAD
MORTON, IL. 61550

Reference Numbers Facility ID 6006399
Health Service Area 002 Planning Service Area 179

Administrator
Erica Otto

Contact Person and Telephone
Erica Otto
309-266-9741

Date Completed
3/26/2014

Registered Agent Information
Stan Klem
4600 W. Touhy Ave
Liincolnwood, IL 60659

Building		Reported Age
Building 1	Morton Villa Healthcare and Reh	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	78
Total Admissions 2013	178
Total Discharges 2013	177
Residents on 12/31/2013	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	9
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	7
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 63

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	98	81	98	79	27	106	106
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	106	98	81	98	79	27	106	106

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2884	7.5%	15693	40.6%	3030	865	3510	0	25982	67.2%	72.6%
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	2884	7.5%	15693	40.6%	3030	865	3510	0	25982	67.2%	72.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	5	13	0	0	0	0	0	0	5	13	18
75 to 84	9	13	0	0	0	0	0	0	9	13	22
85+	8	20	0	0	0	0	0	0	8	20	28
TOTALS	28	51	0	0	0	0	0	0	28	51	79

MORTON VILLA HEALTHCARE AND REHAB CENT
190 EAST QUEENWOOD ROAD
MORTON, IL. 61550

Classification Numbers

License Number	6006399	
Health Service Area	002	
Planning Service Area	179	Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	47	8	2	16	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	47	8	2	16	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	181	163
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	1	0	0	0	1
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	14.00
Certified Aides	38.00
Other Health Staff	0.00
Non-Health Staff	37.00
Totals	99.00

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
25.3%	48.5%	9.0%	4.4%	12.8%	100.0%		
1,205,011	2,312,691	430,671	211,302	610,649	4,770,324	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MOULTRIE COUNTY COMMUNITY CENTER
240 East State P.O. Box 229
LOVINGTON, IL. 61937

Reference Numbers Facility ID 6006423
Health Service Area 004 Planning Service Area 139

Administrator
VALERIE POLING

Contact Person and Telephone
Dave Jacobus
217-763-2191

Date Completed
4/1/2014

Registered Agent Information
DAVE JACOBUS
2576 N. GREENWAY RD.
Cerro Gordo, IL 61818

Building	Reported Age
Building 1	50
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	0
Total Discharges 2013	3
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	12	4	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4327	74.1%	0	0	0	0	4327	74.1%	74.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4327	74.1%	0	0	0	0	4327	74.1%	74.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	6	0	0	0	6	6
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	3	9	0	0	3	9	12

MOULTRIE COUNTY COMMUNITY CENTER
240 East State P.O. Box 229
LOVINGTON, IL. 61937

Classification Numbers

License Number	6006423	
Health Service Area	004	
Planning Service Area	139	Moultrie

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	121	121
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	6.50
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	7.50

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%	81.5%	0.0%	0.0%	18.5%	100.0%		
0	451,328	0	0	102,681	554,009	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MOUNT ST. JOSEPH
24955 NORTH U.S. HIGHWAY 12
LAKE ZURICH, IL. 60047

Reference Numbers Facility ID 6006456
Health Service Area 008 Planning Service Area 097

Administrator
Sr. Esther Leroux

Contact Person and Telephone
Sister Esther Leroux
847-438-5050 ext. 110

Date Completed
3/26/2014

Registered Agent Information
Sr. Lucy Tardivo
24955 N. Hwy. 12

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	117
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	117

Total Residents Diagnosed as Mentally Ill 20

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Guanella/ Marcellina	1
Building 2	Sacred Heart	2
Building 3	St. Clare	5
Building 4	Angel Guardian	18
Building 5	St. Joseph	60

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	119
Total Admissions 2013	2
Total Discharges 2013	4
Residents on 12/31/2013	117

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	132	132	121	132	117	15		132
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	132	132	121	132	117	15	0	132

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			38740	80.4%	0	0	718	0	39458	81.9%	81.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	38740	80.4%	0	0	718	0	39458	81.9%	81.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	29	0	0	0	29	29
45 to 59	0	0	0	0	0	48	0	0	0	48	48
60 to 64	0	0	0	0	0	13	0	0	0	13	13
65 to 74	0	0	0	0	0	15	0	0	0	15	15
75 to 84	0	0	0	0	0	7	0	0	0	7	7
85+	0	0	0	0	0	5	0	0	0	5	5
TOTALS	0	0	0	0	0	117	0	0	0	117	117

MOUNT ST. JOSEPH
24955 NORTH U.S. HIGHWAY 12
LAKE ZURICH, IL. 60047

Classification Numbers

License Number	6006456	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		115	0	0	2	0	117
Sheltered Care			0	0	0	0	0
TOTALS	0	115	0	0	2	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	137
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	114	0	114
Race Unknown	0	0	0	0	0
Total	0	0	117	0	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	113	0	113
Ethnicity Unknown	0	0	0	0	0
Total	0	0	117	0	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.00
Certified Aides	68.00
Other Health Staff	0.00
Non-Health Staff	70.00
Totals	153.00

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
0.0%	76.1%	0.0%	0.0%	23.9%	100.0%		
0	4,148,137	0	0	1,300,327	5,448,464	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MOUNT VERNON COUNTRYSIDE MANOR
606 EAST IL HWY 15
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6012512
Health Service Area 005 Planning Service Area 081

Administrator
Marla Howard

Contact Person and Telephone
CHRIS WREATH
618-242-1800

Date Completed
3/19/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	77
Total Admissions 2013	198
Total Discharges 2013	198
Residents on 12/31/2013	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	19
Blood Disorders	4
*Nervous System Non Alzheimer	4
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	91	91	78	91	77	14	32	91
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	91	91	78	91	77	14	32	91

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5412	46.3%	14717	44.3%	0	0	6436	0	26565	80.0%	80.0%
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	5412	46.3%	14717	44.3%	0	0	6436	0	26565	80.0%	80.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	4	22	0	0	0	0	0	0	4	22	26
85+	6	38	0	0	0	0	0	0	6	38	44
TOTALS	13	64	0	0	0	0	0	0	13	64	77

MOUNT VERNON COUNTRYSIDE MANOR
606 EAST IL HWY 15
MOUNT VERNON, IL. 62864

Classification Numbers

License Number	6012512	
Health Service Area	005	
Planning Service Area	081	Jefferson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	36	0	0	24	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	36	0	0	24	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	12.00
Certified Aides	48.00
Other Health Staff	0.00
Non-Health Staff	31.00
Totals	104.00

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
46.5%	36.8%	0.0%	0.0%	16.7%	100.0%		
2,422,007	1,914,208	0	0	866,817	5,203,032	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MOWEAQUA NURSING & RET CENTER
MAPLE & MACON STREETS
MOWEAQUA, IL. 62550

Reference Numbers Facility ID 6012322
Health Service Area 004 Planning Service Area 173

Administrator
Debra Maaks

Contact Person and Telephone
DEBRA MAAKS

Date Completed
4/9/2014

Registered Agent Information
Robert Russell
525 S. Macon Street
Moweaqua, IL 62550

Building		Reported Age
Building 1	Moweaqa Nursing Center/Skilled	24
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	39
Total Admissions 2013	21
Total Discharges 2013	24
Residents on 12/31/2013	36

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	36

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	70	64	41	57	36	34	0	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	70	64	41	57	36	34	0	60

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	193	0.0%	8149	37.2%	0	0	5395	0	13737	53.8%	58.8%
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	193	0.0%	8149	37.2%	0	0	5395	0	13737	53.8%	58.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	0	0	0	0	0	0	0	2	0	2
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	5	10	0	0	0	0	0	0	5	10	15
TOTALS	15	21	0	0	0	0	0	0	15	21	36

MOWEAQUA NURSING & RET CENTER
MAPLE & MACON STREETS
MOWEAQUA, IL. 62550

Classification Numbers

License Number	6012322	
Health Service Area	004	
Planning Service Area	173	Shelby

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	18	0	0	16	0	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	18	0	0	16	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	143
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	36	0	0	0	36
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	47.00

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MT. VERNON HEALTH CARE CENTER
5 DOCTOR'S PARK
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6001531
Health Service Area 005 Planning Service Area 081

Administrator
Jeremy Biggerstaff

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/4/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Mt. Vernon Health Care Center/	48
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	76
Total Admissions 2013	61
Total Discharges 2013	52
Residents on 12/31/2013	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	69
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	91	86	91	85	21	0	106
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	106	91	86	91	85	21	0	106

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	21887	56.6%	516	0	5757	0	28160	72.8%	84.8%
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	0	0.0%	21887	56.6%	516	0	5757	0	28160	72.8%	84.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	9	7	0	0	0	0	0	0	9	7	16
75 to 84	15	17	0	0	0	0	0	0	15	17	32
85+	9	23	0	0	0	0	0	0	9	23	32
TOTALS	37	48	0	0	0	0	0	0	37	48	85

MT. VERNON HEALTH CARE CENTER
5 DOCTOR'S PARK
MOUNT VERNON, IL. 62864

Classification Numbers

License Number	6001531	
Health Service Area	005	
Planning Service Area	081	Jefferson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	65	0	0	20	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	65	0	0	20	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	123
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	9.00
Certified Aides	20.00
Other Health Staff	2.00
Non-Health Staff	28.00
Totals	65.00

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
0.0%	78.7%	0.0%	0.0%	21.3%	100.0%		
0	2,675,278	0	0	722,073	3,397,351	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MULBERRY MANOR
612 EAST DAVIE STREET BOX 88
ANNA, IL. 62906

Reference Numbers Facility ID 6006472
Health Service Area 005 Planning Service Area 181

Administrator
JoAnn Keller

Contact Person and Telephone
LINDA ISOM
618-833-6012

Date Completed
4/3/2014

Registered Agent Information
James A. Keller
P.O Box 88
Anna, IL 62906

Building	Reported Age
Building 1 Mulberry Manor	42
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	61
Total Admissions 2013	7
Total Discharges 2013	23
Residents on 12/31/2013	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	45
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	45

Total Residents Diagnosed as Mentally Ill 32

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	64	64	61	64	45	19		64
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	64	64	61	64	45	19	0	64

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			20548	88.0%	0	0	0	0	20548	88.0%	88.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	20548	88.0%	0	0	0	0	20548	88.0%	88.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	11	5	0	0	11	5	16
45 to 59	0	0	0	0	14	5	0	0	14	5	19
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	3	0	0	0	3	0	3
75 to 84	0	0	0	0	1	4	0	0	1	4	5
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	30	15	0	0	30	15	45

MULBERRY MANOR
612 EAST DAVIE STREET BOX 88
ANNA, IL. 62906

Classification Numbers

License Number	6006472	
Health Service Area	005	
Planning Service Area	181	Union

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		45	0	0	0	0	45
Sheltered Care			0	0	0	0	0
TOTALS	0	45	0	0	0	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	124	113
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	11	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	34	0	34
Race Unknown	0	0	0	0	0
Total	0	0	45	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	45	0	45
Ethnicity Unknown	0	0	0	0	0
Total	0	0	45	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	5.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	7.00
Totals	41.00

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
0.0%	86.9%	13.1%	0.0%	0.0%	100.0%		
0	1,996,779	300,168	0	351	2,297,298	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

NATHAN HEALTH CARE CENTER
5050 SUMMIT AVENUE
EAST ST. LOUIS, IL. 62203

Reference Numbers Facility ID 6010904
Health Service Area 011 Planning Service Area 163

Administrator
Chiquita D Kimari

Contact Person and Telephone
Chiquita D Kimari
618-874-3597

Date Completed
4/3/2014

Registered Agent Information
Robert Craddick, Attorney at Law
5050 Summit Avenue
East Saint Louis, IL 62203

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	13
Mental Illness	32
Developmental Disability	1
Circulatory System	5
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 54

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	27
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	76
Total Admissions 2013	38
Total Discharges 2013	40
Residents on 12/31/2013	74

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	142	84	142	74	76	26	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	142	84	142	74	76	26	150

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5	0.1%	69	0.1%	0	0	2	0	76	0.1%	0.1%
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	5	0.1%	69	0.1%	0	0	2	0	76	0.1%	0.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	3	0	0	0	0	0	0	1	3	4
45 to 59	18	6	0	0	0	0	0	0	18	6	24
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	11	6	0	0	0	0	0	0	11	6	17
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	3	6	0	0	0	0	0	0	3	6	9
TOTALS	43	31	0	0	0	0	0	0	43	31	74

NATHAN HEALTH CARE CENTER
5050 SUMMIT AVENUE
EAST ST. LOUIS, IL. 62203

Classification Numbers

License Number	6010904	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	66	0	0	2	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	66	0	0	2	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	132	127
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	62	0	0	0	62
Hawaiian/Pacific Isl.	0	0	0	0	0
White	12	0	0	0	12
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	11.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	58.00

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
26.6%	64.6%	0.0%	0.1%	8.7%	100.0%		
1,251,754	3,042,867	0	4,530	410,628	4,709,779	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

NATURE TRAIL HEALTH CARE CTR
1001 SOUTH 34TH STREET
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6006498
Health Service Area 005 Planning Service Area 081

Administrator
Verna Germanceri

Contact Person and Telephone
VERNA GERMANCERI
618-242-5700

Date Completed
4/4/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	46
Total Admissions 2013	109
Total Discharges 2013	108
Residents on 12/31/2013	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	2
Mental Illness	4
Developmental Disability	0
Circulatory System	12
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	70	58	70	47	27	19	74
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	70	58	70	47	27	19	74

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3813	55.0%	10383	38.4%	2657	56	836	0	17745	65.7%	69.5%
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	3813	55.0%	10383	38.4%	2657	56	836	0	17745	65.7%	69.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	4	0	0	0	0	0	0	0	4	0	4
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	8	14	0	0	0	0	0	0	8	14	22
TOTALS	23	24	0	0	0	0	0	0	23	24	47

NATURE TRAIL HEALTH CARE CTR
1001 SOUTH 34TH STREET
MOUNT VERNON, IL. 62864

Classification Numbers

License Number	6006498	
Health Service Area	005	
Planning Service Area	081	Jefferson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	25	8	0	5	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	25	8	0	5	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	158
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	5.50
Certified Aides	21.50
Other Health Staff	2.00
Non-Health Staff	26.50
Totals	64.50

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
50.3%	26.8%	16.3%	3.1%	3.4%	100.0%		
1,908,421	1,017,627	617,034	118,642	129,972	3,791,696	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010

Reference Numbers Facility ID 6006514
Health Service Area 001 Planning Service Area 141

Administrator
Pawn Thammarath

Contact Person and Telephone
PAWN THAMMARATH

Date Completed
3/31/2014

Registered Agent Information
Tom winter
6840 North Lincoln Ave
Liincolnwood, IL 60712

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	85
Total Admissions 2013	133
Total Discharges 2013	140
Residents on 12/31/2013	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	39
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	101	101	99	101	78	23	101	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	101	99	101	78	23	101	101

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2864	7.8%	19129	51.9%	3370	281	4894	0	30538	82.8%	82.8%
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	2864	7.8%	19129	51.9%	3370	281	4894	0	30538	82.8%	82.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	5	15	0	0	0	0	0	0	5	15	20
75 to 84	10	21	0	0	0	0	0	0	10	21	31
85+	5	20	0	0	0	0	0	0	5	20	25
TOTALS	20	58	0	0	0	0	0	0	20	58	78

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010

Classification Numbers

License Number	6006514	
Health Service Area	001	
Planning Service Area	141	Ogle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	43	12	2	12	0	78
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	43	12	2	12	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	206	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	11.00
Certified Aides	42.00
Other Health Staff	3.00
Non-Health Staff	44.00
Totals	108.00

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
0.2%	0.3%	48.1%	51.3%	0.2%	100.0%		
1,153	1,785	342,867	365,879	1,709	713,393	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

NEW ATHENS HOME
203 SOUTH JOHNSON STREET
NEW ATHENS, IL. 62264

Reference Numbers Facility ID 6006522
Health Service Area 011 Planning Service Area 163

Administrator
Gary W. Holtgrewe

Contact Person and Telephone
GARY W. HOLTGREWE
618-475-2550

Date Completed
4/9/2014

Registered Agent Information
Gary W. Holtgrewe
4596 County Hwy. 6
Okawville, IL 62271

Building		Reported Age
Building 1	Nursing Home	56
Building 2	Senior Living	22
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	41
Total Admissions 2013	35
Total Discharges 2013	29
Residents on 12/31/2013	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	53	53	47	53	47	6	0	53
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	53	53	47	53	47	6	0	53

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	66	0.0%	495	2.6%	148	380	571	0	1660	8.6%	8.6%
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%	495	2.6%	148	380	571	0	1660	8.6%	8.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	1	10	0	0	0	0	0	0	1	10	11
85+	5	22	0	0	0	0	0	0	5	22	27
TOTALS	9	38	0	0	0	0	0	0	9	38	47

NEW ATHENS HOME
203 SOUTH JOHNSON STREET
NEW ATHENS, IL. 62264

Classification Numbers

License Number	6006522	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	24	0	0	21	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	24	0	0	21	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.50
LPN's	7.00
Certified Aides	12.00
Other Health Staff	3.00
Non-Health Staff	14.50
Totals	39.00

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
14.8%	30.1%	10.5%	0.0%	44.7%	100.0%		
26,400	53,852	18,745	0	79,940	178,937	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

NEW MAIN GROUP HOME
1201 MIDDLE ROAD
DIXON, IL. 61021

Reference Numbers Facility ID 6013908
Health Service Area 001 Planning Service Area 103

Administrator
Connie K. Foster

Contact Person and Telephone
Ron Heiderscheit
815-288-6691 ext. 269

Date Completed
4/3/2014

Registered Agent Information
Jeffrey Stauter
500 Anchor Road
Dixon, IL 61021

Building		Reported Age
Building 1	New Main Group Home	20
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	16
Residents on 12/31/2013	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	1	0	1
45 to 59	0	0	0	0	2	8	0	0	2	8	10
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	2	0	0	0	2	0	2
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	6	10	0	0	6	10	16

NEW MAIN GROUP HOME
1201 MIDDLE ROAD
DIXON, IL. 61021

Classification Numbers

License Number	6013908	
Health Service Area	001	
Planning Service Area	103	Lee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	194	184
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	2.00
Certified Aides	13.50
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	18.00

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
0.0%	12.4%	87.6%	0.0%	0.0%	100.0%		
0	131,830	933,724	0	0	1,065,554	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

NEW WAY
80 KNUPP SCHOOL LANE
ANNA, IL. 62906

Reference Numbers Facility ID 6006530
Health Service Area 005 Planning Service Area 181

Administrator
Don Pippins

Contact Person and Telephone
VICTOR M. METZGER
618-833-2299

Date Completed
4/15/2014

Registered Agent Information
John S. Rendleman
2001 West main St.
Carbondale, IL 62903

Building		Reported Age
Building 1	New Way @ 80 Knupp School L	21
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
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-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	1
Total Discharges 2013	2
Residents on 12/31/2013	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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	13

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	13	3	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5485	93.9%	0	0	0	0	5485	93.9%	93.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5485	93.9%	0	0	0	0	5485	93.9%	93.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	3	0	0	2	3	5
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	6	7	0	0	6	7	13

NEW WAY
80 KNUPP SCHOOL LANE
ANNA, IL. 62906

Classification Numbers

License Number	6006530	
Health Service Area	005	
Planning Service Area	181	Union

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	125	110
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	9.25
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	13.00

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
0.0%	86.0%	0.0%	0.0%	14.0%	100.0%		
0	715,186	0	0	116,500	831,686	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

NEWMAN REHAB & HEALTHCARE CTR
418 SOUTH MEMORIAL PARK DRIVE
NEWMAN, IL. 61942

Reference Numbers Facility ID 6002091
Health Service Area 004 Planning Service Area 041

Administrator
Cindy Crable

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/27/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Newman Rehab & Health Care	41
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	51
Total Admissions 2013	42
Total Discharges 2013	44
Residents on 12/31/2013	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	15
Mental Illness	1
Developmental Disability	1
Circulatory System	18
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 29

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	58	53	58	49	11	60	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	58	53	58	49	11	60	60

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1767	8.1%	9794	44.7%	45	5329	266	0	17201	78.5%	81.3%
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	1767	8.1%	9794	44.7%	45	5329	266	0	17201	78.5%	81.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	0	9	0	0	0	0	0	0	0	9	9
85+	2	26	0	0	0	0	0	0	2	26	28
TOTALS	9	40	0	0	0	0	0	0	9	40	49

NEWMAN REHAB & HEALTHCARE CTR
418 SOUTH MEMORIAL PARK DRIVE
NEWMAN, IL. 61942

Classification Numbers

License Number	6002091	
Health Service Area	004	
Planning Service Area	041	Douglas

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	29	0	0	14	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	29	0	0	14	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	21.00
Other Health Staff	3.00
Non-Health Staff	20.00
Totals	55.00

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
30.3%	45.5%	0.0%	1.2%	23.0%	100.0%		
878,006	1,317,059	0	33,675	667,525	2,896,265	435	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

NEWTON REST HAVEN
300 S. SCOTT ST. P.O. BOX 360
NEWTON, IL. 62448

Reference Numbers Facility ID 6006548
Health Service Area 005 Planning Service Area 079

Administrator
Karen Kinder

Contact Person and Telephone
PAULA SCHOONOVER
618-783-2309

Date Completed
4/1/2014

Registered Agent Information

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	34

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 4

Building	Reported Age
Building 1 Newton Rest Haven	48
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	34
Total Admissions 2013	42
Total Discharges 2013	42
Residents on 12/31/2013	34

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	57	57	40	57	34	23	16	57
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	57	57	40	57	34	23	16	57

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1702	29.1%	5963	28.7%	0	0	4477	0	12142	58.4%	58.4%
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	1702	29.1%	5963	28.7%	0	0	4477	0	12142	58.4%	58.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	5	8	0	0	0	0	0	0	5	8	13
85+	3	10	0	0	0	0	0	0	3	10	13
TOTALS	12	22	0	0	0	0	0	0	12	22	34

NEWTON REST HAVEN
300 S. SCOTT ST. P.O. BOX 360
NEWTON, IL. 62448

Classification Numbers

License Number	6006548	
Health Service Area	005	
Planning Service Area	079	Jasper

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	19	0	0	12	0	34
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	19	0	0	12	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	34	0	0	0	34

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	33	0	0	0	33
Ethnicity Unknown	0	0	0	0	0
Total	34	0	0	0	34

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	5.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	31.00

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
27.6%	37.9%	0.0%	0.0%	34.5%	100.0%		
480,279	660,641	0	0	600,528	1,741,448	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	7/1/2012	Facility discontinued 25 Nursing Care beds; facility now has 57 Nursing Care beds.

NILES NURSING & REHABILITATION CENTER
9777 GREENWOOD
NILES, IL. 60714

Reference Numbers Facility ID 6003644
Health Service Area 007 Planning Service Area 702

Administrator
Michael Perl

Contact Person and Telephone
MICHAEL PERL
847-967-7000

Date Completed
4/2/2014

Registered Agent Information
David Gross
240 Fencl Ln
Hillside, IL 60162

Building	Reported Age
Building 1 Main	38
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	275
Total Admissions 2013	135
Total Discharges 2013	139
Residents on 12/31/2013	271

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	26
Blood Disorders	2
*Nervous System Non Alzheimer	27
Alzheimer Disease	24
Mental Illness	43
Developmental Disability	7
Circulatory System	77
Respiratory System	22
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	27
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	271

Total Residents Diagnosed as Mentally Ill 60

Total Residents Reported as Identified Offenders 16

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	304	304	286	304	271	33	304	304
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	304	304	286	304	271	33	304	304

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5814	5.2%	92076	83.0%	0	84	2366	0	100340	90.4%	90.4%
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	5814	5.2%	92076	83.0%	0	84	2366	0	100340	90.4%	90.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	5	0	0	0	0	0	0	5	5	10
45 to 59	30	18	0	0	0	0	0	0	30	18	48
60 to 64	9	13	0	0	0	0	0	0	9	13	22
65 to 74	25	23	0	0	0	0	0	0	25	23	48
75 to 84	13	31	0	0	0	0	0	0	13	31	44
85+	20	79	0	0	0	0	0	0	20	79	99
TOTALS	102	169	0	0	0	0	0	0	102	169	271

NILES NURSING & REHABILITATION CENTER
9777 GREENWOOD
NILES, IL. 60714

Classification Numbers

License Number	6003644	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	249	0	0	5	0	271
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	249	0	0	5	0	271

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	118	0	0	0	118
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	136	0	0	0	136
Race Unknown	8	0	0	0	8
Total	271	0	0	0	271

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	263	0	0	0	263
Ethnicity Unknown	0	0	0	0	0
Total	271	0	0	0	271

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	14.54
Certified Aides	82.66
Other Health Staff	7.00
Non-Health Staff	73.59
Totals	210.99

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
19.3%	77.3%	0.0%	0.2%	3.2%	100.0%		
3,222,850	12,896,800	0	33,600	527,438	16,680,688	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

NOKOMIS REHAB & HEALTH CARE CENTER
505 STEVENS STREET
NOKOMIS, IL. 62075

Reference Numbers Facility ID 6006555
Health Service Area 003 Planning Service Area 135

Administrator
Tracy Craig

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/27/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Nokomis Rehab & Health Care	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	45
Total Admissions 2013	28
Total Discharges 2013	37
Residents on 12/31/2013	36

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	4
Mental Illness	7
Developmental Disability	1
Circulatory System	14
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	36

Total Residents Diagnosed as Mentally Ill 29

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	92	92	46	92	36	56	92	92
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	92	92	46	92	36	56	92	92

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1290	3.8%	9823	29.3%	112	109	3918	0	15252	45.4%	45.4%
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	1290	3.8%	9823	29.3%	112	109	3918	0	15252	45.4%	45.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	4	13	0	0	0	0	0	0	4	13	17
TOTALS	13	23	0	0	0	0	0	0	13	23	36

NOKOMIS REHAB & HEALTH CARE CENTER
505 STEVENS STREET
NOKOMIS, IL. 62075

Classification Numbers

License Number	6006555	
Health Service Area	003	
Planning Service Area	135	Montgomery

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	24	0	0	11	0	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	24	0	0	11	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	127
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	36	0	0	0	36
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	37.00

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
28.2%	47.4%	0.0%	1.0%	23.4%	100.0%		
592,157	995,442	0	21,624	490,811	2,100,034	325	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Norridge Gardens
7001 WEST CULLOM AVE
NORRIDGE, IL. 60706

Reference Numbers Facility ID 6006571
Health Service Area 007 Planning Service Area 704

Administrator
Safet Keljalic

Contact Person and Telephone
Brian Gallagher
708-457-0700 ext 203

Date Completed
4/11/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	228
Total Admissions 2013	326
Total Discharges 2013	303
Residents on 12/31/2013	251

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	25
Alzheimer Disease	43
Mental Illness	69
Developmental Disability	0
Circulatory System	80
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	3
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	257

Total Residents Diagnosed as Mentally Ill 89

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	292	292	277	292	257	35	292	292
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	292	292	277	292	257	35	292	292

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	22372	21.0%	56715	53.2%	0	564	15795	0	95446	89.6%	89.6%
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	22372	21.0%	56715	53.2%	0	564	15795	0	95446	89.6%	89.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	7	2	0	0	0	0	0	0	7	2	9
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	18	21	0	0	0	0	0	0	18	21	39
75 to 84	29	48	0	0	0	0	0	0	29	48	77
85+	26	94	0	0	0	0	0	0	26	94	120
TOTALS	83	168	0	0	0	0	0	0	83	168	251

Norridge Gardens
7001 WEST CULLOM AVE
NORRIDGE, IL. 60706

Classification Numbers

License Number	6006571	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	57	137	0	0	57	0	251
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	57	137	0	0	57	0	251

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	280	264
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	10	0	0	0	10
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	3	0	0	0	3
White	226	0	0	0	226
Race Unknown	0	0	0	0	0
Total	251	0	0	0	251

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	28	0	0	0	28
Non-Hispanic	223	0	0	0	223
Ethnicity Unknown	0	0	0	0	0
Total	251	0	0	0	251

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	16.00
Certified Aides	105.00
Other Health Staff	18.00
Non-Health Staff	108.00
Totals	276.00

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
26.6%	50.1%	0.0%	1.0%	22.3%	100.0%		
4,482,264	8,435,622	0	172,876	3,752,528	16,843,290	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

NORTH ADAMS HOME, INC.
2259 EAST 1100TH STREET
MENDON, IL. 62351

Reference Numbers Facility ID 6006589
Health Service Area 003 Planning Service Area 001

Administrator
ROBYN JOHNSON

Contact Person and Telephone
ROBYN JOHNSON
217-936-2137

Date Completed
3/6/2014

Registered Agent Information
HUBERT STAFF
237 NORTH 6TH STREET
Quincy, IL 62301

Building		Reported Age
Building 1	ORIGINAL	39
Building 2	CHAPEL	29
Building 3	SOUTH/SCU	19
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	64
Total Admissions 2013	49
Total Discharges 2013	52
Residents on 12/31/2013	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	58

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	92	92	68	80	58	34	92	92
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	92	92	68	80	58	34	92	92

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1122	3.3%	13884	41.3%	0	0	6879	0	21885	65.2%	65.2%
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	1122	3.3%	13884	41.3%	0	0	6879	0	21885	65.2%	65.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	7	26	0	0	0	0	0	0	7	26	33
TOTALS	15	43	0	0	0	0	0	0	15	43	58

NORTH ADAMS HOME, INC.
2259 EAST 1100TH STREET
MENDON, IL. 62351

Classification Numbers

License Number	6006589	
Health Service Area	003	
Planning Service Area	001	Adams

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	36	0	0	19	0	58
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	36	0	0	19	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	178	168
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	58	0	0	0	58

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	8.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	56.00

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
16.4%	50.9%	0.0%	0.0%	32.6%	100.0%		
544,826	1,687,522	0	0	1,081,441	3,313,789	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

NORTH AURORA CARE CENTER
310 BANBURY ROAD
NORTH AURORA, IL. 60542

Reference Numbers Facility ID 6006605
Health Service Area 008 Planning Service Area 089

Administrator
Ken Bogard

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/27/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	North Aurora Care Center/Nursin	40
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	112
Total Admissions 2013	32
Total Discharges 2013	28
Residents on 12/31/2013	116

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	83
Developmental Disability	0
Circulatory System	1
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	16
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	116

Total Residents Diagnosed as Mentally Ill 83

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	129	129	118	129	116	13	0	129
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	129	129	118	129	116	13	0	129

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	39464	83.8%	552	0	1313	0	41329	87.8%	87.8%
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	0	0.0%	39464	83.8%	552	0	1313	0	41329	87.8%	87.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	11	4	0	0	0	0	0	0	11	4	15
45 to 59	26	27	0	0	0	0	0	0	26	27	53
60 to 64	7	7	0	0	0	0	0	0	7	7	14
65 to 74	12	12	0	0	0	0	0	0	12	12	24
75 to 84	6	3	0	0	0	0	0	0	6	3	9
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	62	54	0	0	0	0	0	0	62	54	116

NORTH AURORA CARE CENTER
310 BANBURY ROAD
NORTH AURORA, IL. 60542

Classification Numbers

License Number	6006605	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	114	0	0	2	0	116
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	114	0	0	2	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	8	0	0	0	8
Total	116	0	0	0	116

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	116	0	0	0	116

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	14.00
Certified Aides	31.00
Other Health Staff	2.00
Non-Health Staff	27.00
Totals	82.00

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
0.0%	96.9%	0.0%	3.1%	0.0%	100.0%		
0	4,459,929	0	143,645	0	4,603,574	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

NORTH CHURCH NURSING & REHAB
1021 NORTH CHURCH STREET
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6008650
Health Service Area 003 Planning Service Area 137

Administrator
David Serrano

Contact Person and Telephone
David Serrano
217-245-4174

Date Completed
3/31/2014

Registered Agent Information
Frederick S Frankel
8131 North Monticello Avenue
Skokie, IL 60076

Building		Reported Age
Building 1	1021 North Church Street, Jacks	37
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	71
Total Admissions 2013	113
Total Discharges 2013	120
Residents on 12/31/2013	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	9
Mental Illness	7
Developmental Disability	2
Circulatory System	2
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	9
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 33

Total Residents Reported as Identified Offenders 17

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	113	113	82	113	64	49	23	113
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	113	113	82	113	64	49	23	113

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1797	21.4%	21592	52.4%	1596	29	909	0	25923	62.9%	62.9%
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	1797	21.4%	21592	52.4%	1596	29	909	0	25923	62.9%	62.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	8	4	0	0	0	0	0	0	8	4	12
60 to 64	7	6	0	0	0	0	0	0	7	6	13
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	8	7	0	0	0	0	0	0	8	7	15
85+	1	6	0	0	0	0	0	0	1	6	7
TOTALS	32	32	0	0	0	0	0	0	32	32	64

NORTH CHURCH NURSING & REHAB
1021 NORTH CHURCH STREET
JACKSONVILLE, IL. 62650

Classification Numbers

License Number	6008650	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	54	2	0	1	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	54	2	0	1	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.30
LPN's	10.00
Certified Aides	20.00
Other Health Staff	3.67
Non-Health Staff	22.00
Totals	58.97

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
3.0%	85.8%	6.4%	0.0%	4.9%	100.0%		
90,954	2,600,700	192,607	0	148,170	3,032,431	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

NORTH FROSTWOOD
6116 NORTH FROSTWOOD
PEORIA, IL. 61615

Reference Numbers Facility ID 6013379
Health Service Area 002 Planning Service Area 143

Administrator
Autumn Ostergaard

Contact Person and Telephone
Autumn Ostergaard
309-219-4997

Date Completed
4/4/2014

Registered Agent Information
Julie Kim Cornwell
29817 Woodfield Dr
Mackinaw, IL 61755

Building	Reported Age
Building 1 Frostwood North	22
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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	4

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			1456	99.7%	0	0	0	0	1456	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1456	99.7%	0	0	0	0	1456	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	1	0	0	0	1	1
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	0	4	0	0	0	4	4

NORTH FROSTWOOD
6116 NORTH FROSTWOOD
PEORIA, IL. 61615

Classification Numbers

License Number	6013379	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	178	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.20
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	5.00
Totals	5.45

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%	83.7%	0.0%	0.0%	16.3%	100.0%		
0	219,196	0	0	42,733	261,929	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

NORTH KICKAPOO
1903 NORTH KICKAPOO
LINCOLN, IL. 62656

Reference Numbers Facility ID 6011472
Health Service Area 003 Planning Service Area 107

Administrator
kristi nottelmann

Contact Person and Telephone
JEREMY MAUPIN

Date Completed
4/1/2014

Registered Agent Information
Christopher M Ellis
202 S. Franklin St. 2nd Fl
Decatur, IL 62523

Building	Reported Age
Building 1 North Kikcapoo	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	4	0	0	3	4	7
45 to 59	0	0	0	0	2	5	0	0	2	5	7
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	10	0	0	6	10	16

NORTH KICKAPOO
1903 NORTH KICKAPOO
LINCOLN, IL. 62656

Classification Numbers

License Number	6011472	
Health Service Area	003	
Planning Service Area	107	Logan

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	124
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	5.00
Non-Health Staff	2.00
Totals	17.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	926,091	0	0	0	926,091	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

NORTH LOGAN HEALTHCARE CENTER
801 NORTH LOGAN AVENUE
DANVILLE, IL. 61832

Reference Numbers Facility ID 6000210
Health Service Area 004 Planning Service Area 183

Administrator
Mark Walker

Contact Person and Telephone
Mark Walker
217-443-3106

Date Completed
3/25/2014

Registered Agent Information

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	39
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	93

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	89
Total Admissions 2013	238
Total Discharges 2013	234
Residents on 12/31/2013	93

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	108	107	93	107	93	15	108	108
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	108	107	93	107	93	15	108	108

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4044	10.3%	21351	54.2%	2	0	4171	0	29568	75.0%	75.7%
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	4044	10.3%	21351	54.2%	2	0	4171	0	29568	75.0%	75.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	4	8	0	0	0	0	0	0	4	8	12
65 to 74	4	0	0	0	0	0	0	0	4	0	4
75 to 84	9	18	0	0	0	0	0	0	9	18	27
85+	0	46	0	0	0	0	0	0	0	46	46
TOTALS	19	74	0	0	0	0	0	0	19	74	93

NORTH LOGAN HEALTHCARE CENTER
801 NORTH LOGAN AVENUE
DANVILLE, IL. 61832

Classification Numbers

License Number	6000210	
Health Service Area	004	
Planning Service Area	183	Vermilion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	57	8	0	10	0	93
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	57	8	0	10	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	127
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	2	0	0	0	2
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	1	0	0	0	1
Total	93	0	0	0	93

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	93	0	0	0	93

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	12.00
Certified Aides	50.00
Other Health Staff	0.00
Non-Health Staff	29.00
Totals	103.00

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
36.1%	52.2%	0.0%	0.0%	11.7%	100.0%		
1,780,797	2,577,322	330	0	576,740	4,935,189	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

NORTHWOODS CARE CENTRE
2250 PEARL STREET
BELVIDERE, IL. 61008

Reference Numbers Facility ID 6006670
Health Service Area 001 Planning Service Area 007

Administrator
Bernard Esguerra

Contact Person and Telephone
BERNARD ESGUERRA
815-544-0358

Date Completed
3/27/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	12
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	6
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 2 Storey	42
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	104
Total Admissions 2013	161
Total Discharges 2013	165
Residents on 12/31/2013	100

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	113	113	113	113	100	13	113	113
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	113	113	113	113	100	13	113	113

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4578	11.1%	22664	54.9%	0	530	7295	0	35067	85.0%	85.0%
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	4578	11.1%	22664	54.9%	0	530	7295	0	35067	85.0%	85.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	2	8	0	0	0	0	0	0	2	8	10
75 to 84	8	27	0	0	0	0	0	0	8	27	35
85+	17	33	0	0	0	0	0	0	17	33	50
TOTALS	29	71	0	0	0	0	0	0	29	71	100

NORTHWOODS CARE CENTRE
2250 PEARL STREET
BELVIDERE, IL. 61008

Classification Numbers

License Number	6006670	
Health Service Area	001	
Planning Service Area	007	Boone

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	61	0	4	23	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	61	0	4	23	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	100	0	0	0	100
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	5.00
Certified Aides	35.00
Other Health Staff	5.00
Non-Health Staff	44.00
Totals	105.00

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
35.3%	43.7%	0.0%	6.8%	14.2%	100.0%		
2,910,197	3,604,380	0	557,820	1,168,920	8,241,317	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/10/2012	Change of Ownership occurred.

NORWOOD CROSSING
6016 N. NINA AVENUE
CHICAGO, IL. 60631

Reference Numbers Facility ID 6006696
Health Service Area 006 Planning Service Area 601

Administrator
Silvia Morici

Contact Person and Telephone
SILVIA MORICI
773-577-5327

Date Completed
4/4/2014

Registered Agent Information
Michael Toohey
6016-20 N. Nina Ave.
Chicago, IL 60631

Building		Reported Age
Building 1	Nina Sheltered Care 1909	104
Building 2	Northcott Sheltered Care 1924	89
Building 3	Northcott Sheltered Care 1960	53
Building 4	Nursing Pavillion	38
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	185
Total Admissions 2013	448
Total Discharges 2013	453
Residents on 12/31/2013	180

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	13
Alzheimer Disease	8
Mental Illness	12
Developmental Disability	0
Circulatory System	43
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	14
Skin Disorders	2
Musculo-skeletal Disorders	21
Injuries and Poisonings	14
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	180

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	131	130	129	130	108	23	131	88
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	130	78	72	78	72	58		
TOTAL BEDS	261	208	201	208	180	81	131	88

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14018	29.3%	12664	39.4%	0	1307	15559	861	44409	92.9%	93.6%
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					12248	92	13153	13	25506	53.8%	89.6%
TOTALS	14018	29.3%	12664	39.4%	12248	1399	28712	874	69915	73.4%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	23	0	0	0	0	2	6	4	29	33
75 to 84	12	54	0	0	0	0	3	12	15	66	81
85+	16	1	0	0	0	0	12	37	28	38	66
TOTALS	30	78	0	0	0	0	17	55	47	133	180

NORWOOD CROSSING
6016 N. NINA AVENUE
CHICAGO, IL. 60631

Classification Numbers

License Number	6006696	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	31	0	3	40	1	108
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			33	1	38	0	72
TOTALS	33	31	33	4	78	1	180

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	252	452
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	158	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	1	4
American Indian	0	0	0	0	0
Black	2	0	0	2	4
Hawaiian/Pacific Isl.	1	0	0	0	1
White	102	0	0	69	171
Race Unknown	0	0	0	0	0
Total	108	0	0	72	180

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	2	5
Non-Hispanic	105	0	0	70	175
Ethnicity Unknown	0	0	0	0	0
Total	108	0	0	72	180

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.00
LPN's	10.00
Certified Aides	82.00
Other Health Staff	9.00
Non-Health Staff	94.00
Totals	228.00

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
44.1%	11.8%	4.2%	2.1%	37.8%	100.0%		
6,956,708	1,858,981	668,016	329,225	5,962,919	15,775,849	182,513	1.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAK BROOK HEALTHCARE CENTRE
2013 MIDWEST ROAD
OAK BROOK, IL. 60523

Reference Numbers Facility ID 6006720
Health Service Area 007 Planning Service Area 703

Administrator
Jina Lebert-Davies

Contact Person and Telephone
JINA LEBERT-DAVIES
630-495-0220

Date Completed
4/3/2014

Registered Agent Information
Laurence Zung
5061 N Pulaski Rd

Building		Reported Age
Building 1	Oak Brook Care	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	120
Total Admissions 2013	324
Total Discharges 2013	326
Residents on 12/31/2013	118

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	1
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	118

Total Residents Diagnosed as Mentally Ill 34

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	156	141	129	135	118	38	126	79
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	156	141	129	135	118	38	126	79

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11683	25.4%	15720	54.5%	0	546	14697	0	42646	74.9%	82.9%
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	11683	25.4%	15720	54.5%	0	546	14697	0	42646	74.9%	82.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	9	19	0	0	0	0	0	0	9	19	28
85+	18	65	0	0	0	0	0	0	18	65	83
TOTALS	31	87	0	0	0	0	0	0	31	87	118

OAK BROOK HEALTHCARE CENTRE
2013 MIDWEST ROAD
OAK BROOK, IL. 60523

Classification Numbers

License Number	6006720	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	37	42	0	1	38	0	118
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	37	42	0	1	38	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	278	231
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	1	0	0	0	1
White	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	9.00
Certified Aides	52.00
Other Health Staff	16.00
Non-Health Staff	50.00
Totals	159.00

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
52.1%	18.4%	0.0%	1.4%	28.1%	100.0%		
6,582,317	2,316,999	0	175,577	3,547,048	12,621,941	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAK CREST/DEKALB
2944 GREENWOOD ACRES DRIVE
DEKALB, IL. 60115

Reference Numbers Facility ID 6006738
Health Service Area 001 Planning Service Area 037

Administrator
Stephen Cichy

Contact Person and Telephone
SHARON COX
815-756-8461

Date Completed
4/3/2014

Registered Agent Information

Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	92
Total Admissions 2013	129
Total Discharges 2013	128
Residents on 12/31/2013	93

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	23
Blood Disorders	0
*Nervous System Non Alzheimer	21
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	21
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	93

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	73	73	73	73	66	7	6	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	49	49	49	49	27	22		
TOTAL BEDS	122	122	122	122	93	29	6	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1259	57.5%	0	0.0%	0	0	23758	0	25017	93.9%	93.9%
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	8925	0	8925	49.9%	49.9%
TOTALS	1259	57.5%	0	0.0%	0	0	32683	0	33942	76.2%	76.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	11	11	0	0	0	0	3	5	14	16	30
85+	6	37	0	0	0	0	2	17	8	54	62
TOTALS	17	49	0	0	0	0	5	22	22	71	93

OAK CREST/DEKALB
2944 GREENWOOD ACRES DRIVE
DEKALB, IL. 60115

Classification Numbers

License Number	6006738	
Health Service Area	001	
Planning Service Area	037	DeKalb

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	0	0	0	61	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	27	0	27
TOTALS	5	0	0	0	88	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	174	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	121	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	66	0	0	27	93
Race Unknown	0	0	0	0	0
Total	66	0	0	27	93

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	66	0	0	27	93
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	27	93

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	8.00
Certified Aides	71.00
Other Health Staff	3.00
Non-Health Staff	107.00
Totals	215.00

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
83.1%	0.0%	0.0%	13.3%	3.6%	100.0%		
515,161	0	0	82,497	22,272	619,930	196,728	31.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAK HILL
623 HAMACHER
WATERLOO, IL. 62298

Reference Numbers Facility ID 6006274
Health Service Area 011 Planning Service Area 133

Administrator
KIM KECKRITZ

Contact Person and Telephone
CHRISTINE BRINKMANN
618-939-3488

Date Completed
4/3/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	1
Circulatory System	16
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	6
Other Medical Conditions	59
Non-Medical Conditions	0
TOTALS	123

Total Residents Diagnosed as Mentally Ill 55

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Oak Hill/Long Term Care	6
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	123
Total Admissions 2013	164
Total Discharges 2013	164
Residents on 12/31/2013	123

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	131	131	131	131	123	8	131	131
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	131	131	131	131	123	8	131	131

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5019	10.5%	19876	41.6%	0	0	22822	0	47717	99.8%	99.8%
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	5019	10.5%	19876	41.6%	0	0	22822	0	47717	99.8%	99.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	6	26	0	0	0	0	0	0	6	26	32
85+	14	67	0	0	0	0	0	0	14	67	81
TOTALS	23	100	0	0	0	0	0	0	23	100	123

OAK HILL
623 HAMACHER
WATERLOO, IL. 62298

Classification Numbers

License Number	6006274	
Health Service Area	011	
Planning Service Area	133	Monroe

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	50	0	0	60	0	123
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	50	0	0	60	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	122	0	0	0	122
Race Unknown	0	0	0	0	0
Total	123	0	0	0	123

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	123	0	0	0	123
Ethnicity Unknown	0	0	0	0	0
Total	123	0	0	0	123

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	11.00
Certified Aides	44.00
Other Health Staff	2.00
Non-Health Staff	45.00
Totals	116.00

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
25.2%	20.4%	0.0%	0.0%	54.4%	100.0%		
2,171,275	1,758,170	0	0	4,691,413	8,620,858	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAK LAWN RESPIRATORY & REHAB CENTER
9525 SOUTH MAYFIELD
OAK LAWN, IL. 60453

Reference Numbers Facility ID 6006779
Health Service Area 007 Planning Service Area 705

Administrator
Chaim Dubovick

Contact Person and Telephone
Chaim Dubovick
708-636-7000

Date Completed
4/3/2014

Registered Agent Information
David Gross
240 Fencl Ln.
Hillside, IL 60162

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	80
Total Admissions 2013	151
Total Discharges 2013	136
Residents on 12/31/2013	95

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	13
Blood Disorders	5
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	6
Developmental Disability	0
Circulatory System	14
Respiratory System	38
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	4
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 14

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	143	143	97	143	95	48	54	143
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	143	143	97	143	95	48	54	143

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2833	14.4%	28332	54.3%	0	0	185	0	31350	60.1%	60.1%
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	2833	14.4%	28332	54.3%	0	0	185	0	31350	60.1%	60.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	6	2	0	0	0	0	0	0	6	2	8
45 to 59	19	18	0	0	0	0	0	0	19	18	37
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	13	9	0	0	0	0	0	0	13	9	22
75 to 84	2	10	0	0	0	0	0	0	2	10	12
85+	2	4	0	0	0	0	0	0	2	4	6
TOTALS	47	48	0	0	0	0	0	0	47	48	95

OAK LAWN RESPIRATORY & REHAB CENTER
9525 SOUTH MAYFIELD
OAK LAWN, IL. 60453

Classification Numbers

License Number	6006779	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	88	0	0	0	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	88	0	0	0	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	54	0	0	0	54
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	20.00
Certified Aides	43.00
Other Health Staff	0.00
Non-Health Staff	46.00
Totals	116.00

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
23.6%	75.0%	0.0%	0.0%	1.4%	100.0%		
1,909,278	6,069,298	0	0	114,054	8,092,630	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAK TERRACE
4219 LINCOLNSHIRE DRIVE
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6006803
Health Service Area 005 Planning Service Area 081

Administrator
Bridget P. McDonagh

Contact Person and Telephone
BRIDGET P. 'PAT' MCDONAGH
618-237-2353

Date Completed
3/25/2014

Registered Agent Information

Building	Reported Age
Building 1)ak Terrace	28
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5743	98.3%	0	0	0	0	5743	98.3%	98.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5743	98.3%	0	0	0	0	5743	98.3%	98.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	1	0	0	3	1	4
45 to 59	0	0	0	0	4	0	0	0	4	0	4
60 to 64	0	0	0	0	3	2	0	0	3	2	5
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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	10	5	0	0	10	5	15

OAK TERRACE
4219 LINCOLNSHIRE DRIVE
MOUNT VERNON, IL. 62864

Classification Numbers

License Number	6006803	
Health Service Area	005	
Planning Service Area	081	Jefferson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	112	111
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	0.00
LPN's	0.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	12.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	524,361	0	0	0	524,361	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAK TERRACE HEALTHCARE CENTER
1750 WEST WASHINGTON
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6006811
Health Service Area 003 Planning Service Area 167

Administrator
Jeremy Woodle

Contact Person and Telephone
JEREMY WOODLE
217-787-6466

Date Completed
4/4/2014

Registered Agent Information
Oak Terrace Healthcare Center c/o Kelly
1750 W. Washington St.
Springfield, IL 60425

Life Care Facility

Building		Reported Age
Building 1	Oak Terrace Healthcare Center	39
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	42
Total Admissions 2013	35
Total Discharges 2013	45
Residents on 12/31/2013	32

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	32

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	78	60	37	60	28	50	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	20	16	5	4	4	16		
TOTAL BEDS	98	76	42	64	32	66	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	11531	0	11531	40.5%	52.7%
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	1427	0	1427	19.5%	24.4%
TOTALS	0	0.0%	0	0.0%	0	0	12958	0	12958	36.2%	46.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	10	0	0	0	0	0	2	0	12	0	12
85+	16	0	0	0	0	0	2	0	18	0	18
TOTALS	28	0	0	0	0	0	4	0	32	0	32

OAK TERRACE HEALTHCARE CENTER
1750 WEST WASHINGTON
SPRINGFIELD, IL. 62702

Classification Numbers

License Number	6006811	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	28	0	28
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	4	0	4
TOTALS	0	0	0	0	32	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	130	110

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	28	0	0	4	32
Race Unknown	0	0	0	0	0
Total	28	0	0	4	32

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	28	0	0	4	32
Ethnicity Unknown	0	0	0	0	0
Total	28	0	0	4	32

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	7.50
Certified Aides	11.00
Other Health Staff	2.00
Non-Health Staff	14.50
Totals	38.00

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	6,617,897	6,617,897	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAK TRACE
250 VILLAGE DRIVE
DOWNERS GROVE, IL. 60516

Reference Numbers Facility ID 6003032
Health Service Area 007 Planning Service Area 703

Administrator
Michelle Hart-Carlson

Contact Person and Telephone
Michelle Hart-Carlson
630-769-6201

Date Completed
3/27/2014

Registered Agent Information
CT Corporation System
208 So. Lasalle Street, Suite 814
Chicago, IL 60604

Continuing Care Retirement Community
Life Care Facility

Building		Reported Age
Building 1	Independent Living	23
Building 2	Health Center	41
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	105
Total Admissions 2013	292
Total Discharges 2013	275
Residents on 12/31/2013	122

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	23
Mental Illness	1
Developmental Disability	0
Circulatory System	19
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	27
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	1
TOTALS	122

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	160	160	73	160	68	92	39	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	72	72	57	72	54	18		
TOTAL BEDS	232	232	130	232	122	110	39	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8099	56.9%	0	0.0%	0	4558	15923	732	29312	50.2%	50.2%
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	19012	0	19012	72.3%	72.3%
TOTALS	8099	56.9%	0	0.0%	0	4558	34935	732	48324	57.1%	57.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	4	0	0	0	0	0	1	0	5	5
75 to 84	4	5	0	0	0	0	1	7	5	12	17
85+	16	37	0	0	0	0	5	40	21	77	98
TOTALS	20	48	0	0	0	0	6	48	26	96	122

OAK TRACE
250 VILLAGE DRIVE
DOWNERS GROVE, IL. 60516

Classification Numbers

License Number	6003032	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	0	0	0	47	3	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	54	0	54
TOTALS	21	0	0	0	101	3	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	318	260
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	54	122
Race Unknown	0	0	0	0	0
Total	68	0	0	54	122

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	68	0	0	54	122
Total	68	0	0	54	122

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	7.00
Certified Aides	36.50
Other Health Staff	16.50
Non-Health Staff	137.80
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
49.0%	0.0%	0.0%	8.4%	42.6%	100.0%		
3,954,558	0	0	674,670	3,438,648	8,067,876	147,859	1.8%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAKRIDGE HEALTHCARE CENTER
323 OAKRIDGE AVENUE
HILLSIDE, IL. 60162

Reference Numbers Facility ID 6006829
Health Service Area 007 Planning Service Area 704

Administrator
Elisha Atkin

Contact Person and Telephone
LISA BOIVIN
708-547-6595

Date Completed
4/4/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	54
Total Admissions 2013	58
Total Discharges 2013	47
Residents on 12/31/2013	65

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	30
Mental Illness	0
Developmental Disability	8
Circulatory System	0
Respiratory System	4
Digestive System	8
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	65

Total Residents Diagnosed as Mentally Ill 30

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	73	73	69	73	65	8	18	73
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	73	73	69	73	65	8	18	73

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1909	29.1%	16355	61.4%	1239	1086	2031	0	22620	84.9%	84.9%
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	1909	29.1%	16355	61.4%	1239	1086	2031	0	22620	84.9%	84.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	6	4	0	0	0	0	0	0	6	4	10
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	11	7	0	0	0	0	0	0	11	7	18
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	4	13	0	0	0	0	0	0	4	13	17
TOTALS	30	35	0	0	0	0	0	0	30	35	65

OAKRIDGE HEALTHCARE CENTER
323 OAKRIDGE AVENUE
HILLSIDE, IL. 60162

Classification Numbers

License Number	6006829	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	42	1	9	4	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	42	1	9	4	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	28	0	0	0	28
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	5.00
Certified Aides	28.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	42.00

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
21.4%	61.2%	5.5%	4.2%	7.7%	100.0%		
828,281	2,365,797	212,257	160,691	298,847	3,865,873	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	1/3/2012	Name changed from Oakridge Nursing & Rehab. Center.
CHOW	1/3/2012	Change of ownership occurred.

OAKTON PAVILLION
1660 OAKTON PLACE
DES PLAINES, IL. 60018

Reference Numbers Facility ID 6006837
Health Service Area 007 Planning Service Area 702

Administrator
Jay Lewkowitz

Contact Person and Telephone
JAY LEWKOWITZ
847-299-5588

Date Completed
3/3/2014

Registered Agent Information
Steven Malitz
120 S. Riverside - Suite 1200
Chicago, IL 60606

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	0
Circulatory System	19
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	9
Other Medical Conditions	47
Non-Medical Conditions	0
TOTALS	125

Total Residents Diagnosed as Mentally Ill 57

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Oakton Pavillion	34
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	130
Total Admissions 2013	258
Total Discharges 2013	263
Residents on 12/31/2013	125

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	294	195	130	195	125	169	195	152
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	294	195	130	195	125	169	195	152

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5538	7.8%	22728	41.0%	1482	305	18368	0	48421	45.1%	68.0%
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	5538	7.8%	22728	41.0%	1482	305	18368	0	48421	45.1%	68.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	15	16	0	0	0	0	0	0	15	16	31
85+	18	69	0	0	0	0	0	0	18	69	87
TOTALS	35	90	0	0	0	0	0	0	35	90	125

OAKTON PAVILLION
1660 OAKTON PLACE
DES PLAINES, IL. 60018

Classification Numbers

License Number	6006837	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	59	5	2	49	0	125
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	59	5	2	49	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	1	0	0	0	1
White	122	0	0	0	122
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	122	0	0	0	122
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	28.00
LPN's	17.00
Certified Aides	78.00
Other Health Staff	0.00
Non-Health Staff	36.00
Totals	162.00

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
12.6%	46.1%	2.2%	0.7%	38.4%	100.0%		
1,101,637	4,029,637	189,097	63,350	3,358,700	8,742,421	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAKVIEW
2311 VETERAN'S DRIVE
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6016109
Health Service Area 005 Planning Service Area 049

Administrator
Barbara Rodgers

Contact Person and Telephone
BARBARA RODGERS
217-857-3186 ext: 109

Date Completed
3/17/2014

Registered Agent Information
Debra Parmenter
618 W. Main St.
Teutopolis, IL 62467

Building	Reported Age
Building 1 Oakview	9
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	1
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5702	97.6%	0	0	0	0	5702	97.6%	97.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5702	97.6%	0	0	0	0	5702	97.6%	97.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	4	0	0	3	4	7
45 to 59	0	0	0	0	3	4	0	0	3	4	7
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	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	0	0	0	0	7	9	0	0	7	9	16

OAKVIEW
2311 VETERAN'S DRIVE
EFFINGHAM, IL. 62401

Classification Numbers

License Number	6016109	
Health Service Area	005	
Planning Service Area	049	Effingham

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	113	113
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.65
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.33
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.23
Totals	12.21

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
100.0%	0.0%	0.0%	0.0%	0.0%	100.0%		
604,668	0	0	0	0	604,668	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAKVIEW HEIGHTS CONT C & REHAB CENTER
1320 WEST 9TH STREET
MOUNT CARMEL, IL. 62863

Reference Numbers Facility ID 6003487
Health Service Area 005 Planning Service Area 047

Administrator
Mark Brewster

Contact Person and Telephone
MARK BREWSTER
618-263-4337

Date Completed
3/5/2014

Registered Agent Information
Mark Brewster
706 N. Cherry Street
Mount Carmel, IL 62863

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	77
Total Admissions 2013	118
Total Discharges 2013	118
Residents on 12/31/2013	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	18
Mental Illness	13
Developmental Disability	1
Circulatory System	13
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 16

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	90	90	90	77	13	90	75
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	90	90	90	77	13	90	75

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4605	14.0%	14856	54.3%	365	487	8528	0	28841	87.8%	87.8%
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	4605	14.0%	14856	54.3%	365	487	8528	0	28841	87.8%	87.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	8	13	0	0	0	0	0	0	8	13	21
85+	18	34	0	0	0	0	0	0	18	34	52
TOTALS	28	49	0	0	0	0	0	0	28	49	77

OAKVIEW HEIGHTS CONT C & REHAB CENTER
1320 WEST 9TH STREET
MOUNT CARMEL, IL. 62863

Classification Numbers

License Number	6003487	
Health Service Area	005	
Planning Service Area	047	Edwards/Wabash

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	38	1	0	26	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	38	1	0	26	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	9.40
LPN's	9.40
Certified Aides	32.00
Other Health Staff	24.70
Non-Health Staff	0.00
Totals	78.50

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
42.9%	29.9%	0.0%	1.8%	25.4%	100.0%		
2,243,028	1,560,545	0	93,908	1,328,346	5,225,827	4,530,537	86.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAKVIEW HOME
420 EAST SECOND STREET
TRENTON, IL. 62293

Reference Numbers Facility ID 6012629
Health Service Area 011 Planning Service Area 027

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217-398-0754 ext 13

Date Completed
4/1/2014

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

Building		Reported Age
Building 1	420 E Second St Trenton illinois	25
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	11
Total Admissions 2013	1
Total Discharges 2013	0
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	12	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	12	16	12	4	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4307	73.8%	0	0	0	0	4307	73.8%	73.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4307	73.8%	0	0	0	0	4307	73.8%	73.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	2	0	0	3	2	5
45 to 59	0	0	0	0	1	3	0	0	1	3	4
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	1	0	0	1	1	2
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	6	6	0	0	6	6	12

OAKVIEW HOME
420 EAST SECOND STREET
TRENTON, IL. 62293

Classification Numbers

License Number	6012629	
Health Service Area	011	
Planning Service Area	027	Clinton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	147	147
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	12.25
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	12.25

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	558,598	0	0	0	558,598	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAKWOOD ESTATES
2213 VETERANS ROAD
MORTON, IL. 61550

Reference Numbers Facility ID 6011522
Health Service Area 002 Planning Service Area 179

Administrator
Crystal J. Streitmatter

Contact Person and Telephone
Michael A. Prevo
309-266-9781

Date Completed
3/25/2014

Registered Agent Information
Ron Messner
2125 Veterans Road
Morton, IL 61550

Building	Reported Age
Building 1 Oakwood Estate	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	6
Total Discharges 2013	15
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	6	6	10		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	6	6	10	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			3273	56.0%	0	0	0	0	3273	56.0%	56.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3273	56.0%	0	0	0	0	3273	56.0%	56.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	5	0	0	0	5	5
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	0	6	0	0	0	6	6

OAKWOOD ESTATES
2213 VETERANS ROAD
MORTON, IL. 61550

Classification Numbers

License Number	6011522	
Health Service Area	002	
Planning Service Area	179	Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	119	119
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	0.50
LPN's	0.00
Certified Aides	4.90
Other Health Staff	1.00
Non-Health Staff	1.30
Totals	8.20

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
0.0%	83.5%	0.0%	0.0%	16.5%	100.0%		
0	465,915	0	0	92,145	558,060	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ODD FELLOWS - REBAKAH HOME
201 LAFAYETTE AVENUE EAST
MATTOON, IL. 61938

Reference Numbers Facility ID 6006860
Health Service Area 004 Planning Service Area 029

Administrator
David Standerfer

Contact Person and Telephone
Rabecca Howard
309-828-4361

Date Completed
3/31/2014

Registered Agent Information
Craig Ater
115 W. Jefferson Street, Suite 401
Bloomington, IL 61702

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	57
Mental Illness	0
Developmental Disability	0
Circulatory System	32
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	122

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Main	39
Building 2	Harmony Center	16
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	118
Total Admissions 2013	264
Total Discharges 2013	260
Residents on 12/31/2013	122

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	162	140	130	140	122	40	162	162
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	162	140	130	140	122	40	162	162

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6633	11.2%	29615	50.1%	0	0	7992	0	44240	74.8%	86.6%
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	6633	11.2%	29615	50.1%	0	0	7992	0	44240	74.8%	86.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	9	0	0	0	0	0	0	2	9	11
75 to 84	9	32	0	0	0	0	0	0	9	32	41
85+	11	59	0	0	0	0	0	0	11	59	70
TOTALS	22	100	0	0	0	0	0	0	22	100	122

ODD FELLOWS - REBAKAH HOME
201 LAFAYETTE AVENUE EAST
MATTOON, IL. 61938

Classification Numbers

License Number	6006860	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	69	0	0	37	0	122
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	69	0	0	37	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	121	0	0	0	121
Race Unknown	0	0	0	0	0
Total	122	0	0	0	122

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	122	0	0	0	122
Ethnicity Unknown	0	0	0	0	0
Total	122	0	0	0	122

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	16.00
Certified Aides	59.00
Other Health Staff	5.00
Non-Health Staff	41.00
Totals	134.00

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
33.4%	43.9%	0.0%	0.0%	22.6%	100.0%		
2,630,418	3,455,099	0	0	1,780,646	7,866,163	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ODIN HEALTH CARE CENTER
300 GREEN STREET
ODIN, IL. 62870

Reference Numbers Facility ID 6006878
Health Service Area 005 Planning Service Area 121

Administrator
Mary Ann Smith

Contact Person and Telephone
MARY ANN SMITH
618-775-6444

Date Completed
3/28/2014

Registered Agent Information

Building	Reported Age
Building 1	39
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	90
Total Admissions 2013	261
Total Discharges 2013	263
Residents on 12/31/2013	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	1
Circulatory System	12
Respiratory System	13
Digestive System	6
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	12
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	94	88	88	11	33	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	94	88	88	11	33	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7614	63.2%	18639	51.6%	1248	403	6284	31	34219	94.7%	94.7%
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	7614	63.2%	18639	51.6%	1248	403	6284	31	34219	94.7%	94.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	3	21	0	0	0	0	0	0	3	21	24
85+	9	37	0	0	0	0	0	0	9	37	46
TOTALS	22	66	0	0	0	0	0	0	22	66	88

ODIN HEALTH CARE CENTER
300 GREEN STREET
ODIN, IL. 62870

Classification Numbers

License Number	6006878	
Health Service Area	005	
Planning Service Area	121	Marion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	58	0	14	0	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	58	0	14	0	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	146
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	12.00
Certified Aides	48.00
Other Health Staff	22.00
Non-Health Staff	20.00
Totals	118.00

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
52.8%	27.9%	2.2%	2.7%	14.4%	100.0%		
3,369,869	1,783,453	139,720	175,454	917,708	6,386,204	3,504	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

O'DONNELL HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010300
Health Service Area 006 Planning Service Area 601

Administrator
Michael Diaz

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Date Completed
3/22/2014

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave
Chicago, IL 60660

Building	Reported Age
Building 1 O'Donnell house	31
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
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	11

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	11	1		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	11	1	0	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4379	######	0	0	0	0	4379	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4379	######	0	0	0	0	4379	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	7	0	0	0	7	7
45 to 59	0	0	0	0	0	4	0	0	0	4	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	0	11	0	0	0	11	11

O'DONNELL HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Classification Numbers

License Number	6010300	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	7.99
Other Health Staff	2.87
Non-Health Staff	0.33
Totals	11.59

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%	87.5%	12.2%	0.0%	0.3%	100.0%		
0	619,484	86,416	0	2,376	708,276	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OLSON TERRACE
3006 ALIDA STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6010839
Health Service Area 001 Planning Service Area 201

Administrator
Steve Bennett

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Olson Terrace	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	4	0	0	2	4	6
45 to 59	0	0	0	0	1	5	0	0	1	5	6
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	5	10	0	0	5	10	15

OLSON TERRACE
3006 ALIDA STREET
ROCKFORD, IL. 61101

Classification Numbers

License Number	6010839	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	119
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	684,160	0	0	0	684,160	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OREGON LIVING & REHAB CENTER
811 SOUTH 10TH STREET
OREGON, IL. 61061

Reference Numbers Facility ID 6009989
Health Service Area 001 Planning Service Area 141

Administrator
DANA PAYTON

Contact Person and Telephone
Cheryl Carl
847-982-2300

Date Completed
4/3/2014

Registered Agent Information
MOSHE HERMAN
7434 SKOKIE BLVD
Skokie, IL 60077

Life Care Facility

Building		Reported Age
Building 1	MAIN BUILDING	40
Building 2	ADDITION	26
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	76
Total Admissions 2013	51
Total Discharges 2013	61
Residents on 12/31/2013	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	6
Developmental Disability	0
Circulatory System	9
Respiratory System	14
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	12
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	66

Total Residents Diagnosed as Mentally Ill 19

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	104	104	79	104	66	38	20	104
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	104	104	79	104	66	38	20	104

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2001	27.4%	17591	46.3%	0	0	5665	0	25257	66.5%	66.5%
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	2001	27.4%	17591	46.3%	0	0	5665	0	25257	66.5%	66.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	7	7	0	0	0	0	0	0	7	7	14
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	8	22	0	0	0	0	0	0	8	22	30
TOTALS	24	42	0	0	0	0	0	0	24	42	66

OREGON LIVING & REHAB CENTER
811 SOUTH 10TH STREET
OREGON, IL. 61061

Classification Numbers

License Number	6009989	
Health Service Area	001	
Planning Service Area	141	Ogle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	44	0	0	19	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	44	0	0	19	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	66	0	0	0	66
Total	66	0	0	0	66

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	32.00
Totals	71.00

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
21.1%	58.3%	0.0%	0.0%	20.6%	100.0%		
810,799	2,238,940	0	0	790,128	3,839,867	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OTTAWA GROUP HOME
726 NORTH OTTAWA
DIXON, IL. 61021

Reference Numbers Facility ID 6013916
Health Service Area 001 Planning Service Area 103

Administrator
Patricia Howard

Contact Person and Telephone
Ron Heiderscheit
815-288-6691 Ext. 269

Date Completed
3/26/2014

Registered Agent Information
Jeffrey Stauter
500 Anchor Road P.O.Box 366
Dixon, IL 61021

Building	Reported Age
Building 1 Ottawa Group Home	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	6
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			2136	97.5%	0	0	0	0	2136	97.5%	97.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2136	97.5%	0	0	0	0	2136	97.5%	97.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	4	0	0	0	4	4
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	0	6	0	0	0	6	6

OTTAWA GROUP HOME
726 NORTH OTTAWA
DIXON, IL. 61021

Classification Numbers

License Number	6013916	
Health Service Area	001	
Planning Service Area	103	Lee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	193	184
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	6	0	6
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	6.25
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	9.00

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
0.0%	8.3%	91.7%	0.0%	0.1%	100.0%		
0	32,316	358,521	0	254	391,091	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OTTAWA PAVILION
704 E. GLOVER STREET
OTTAWA, IL. 61350

Reference Numbers Facility ID 6006985
Health Service Area 002 Planning Service Area 099

Administrator
Margie Lyle

Contact Person and Telephone
MARGIE LYLE
815-431-4900

Date Completed
4/4/2014

Registered Agent Information
Abrham Stern
2672 Payshere Dr.
Chicago, IL 60674

Building	Reported Age
Building 1 Phase I Construction	2
Building 2 Phase II Construction	1
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	85
Total Admissions 2013	397
Total Discharges 2013	363
Residents on 12/31/2013	119

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	21
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	2
Circulatory System	26
Respiratory System	35
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	119

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	129	129	127	129	119	10	129	129
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	129	129	127	129	119	10	129	129

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8003	17.0%	14529	30.9%	0	663	12269	75	35539	75.5%	75.5%
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	8003	17.0%	14529	30.9%	0	663	12269	75	35539	75.5%	75.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	6	0	0	0	0	0	0	0	6	0	6
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	12	29	0	0	0	0	0	0	12	29	41
85+	8	44	0	0	0	0	0	0	8	44	52
TOTALS	32	87	0	0	0	0	0	0	32	87	119

OTTAWA PAVILION
704 E. GLOVER STREET
OTTAWA, IL. 61350

Classification Numbers

License Number	6006985	
Health Service Area	002	
Planning Service Area	099	LaSalle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	51	0	1	40	1	119
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	51	0	1	40	1	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	119	0	0	0	119
Race Unknown	0	0	0	0	0
Total	119	0	0	0	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	119	0	0	0	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	11.00
Certified Aides	52.00
Other Health Staff	7.00
Non-Health Staff	35.00
Totals	115.00

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
45.2%	26.2%	0.0%	26.2%	2.4%	100.0%		
3,377,323	1,962,615	0	1,958,260	181,362	7,479,560	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

09-048	6/6/2012	Facility abandoned to modernize existing facility; modernization will include addition of 10 nursing care beds, for a total of 129 nursing care beds.
12-063	12/10/2012	Received permit to modernize existing facility; modernization will include addition of 10 nursing care beds, for a total of 129 nursing care beds.

OUR LADY OF ANGELS RETIREMENT HOME
1201 WYOMING AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID 6006993
Health Service Area 009 Planning Service Area 197

Administrator
George Block

Contact Person and Telephone
Diane Simon
815-725-6631

Date Completed
4/4/2014

Registered Agent Information
Mike Wojtak, c/o Tracy, Johnson & Wilso
2801 Black Road, 2nd Floor
Joliet, IL 60435

Continuing Care Retirement Community

Building		Reported Age
Building 1	Our Lady of Angels Retirement	53
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	106
Total Admissions 2013	251
Total Discharges 2013	257
Residents on 12/31/2013	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	12
Blood Disorders	4
*Nervous System Non Alzheimer	12
Alzheimer Disease	8
Mental Illness	2
Developmental Disability	0
Circulatory System	20
Respiratory System	14
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	87	87	81	87	74	13	37	75
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	50	50	35	50	26	24		
TOTAL BEDS	137	137	116	137	100	37	37	75

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5357	39.7%	10789	39.4%	0	0	11573	0	27719	87.3%	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	10883	0	10883	59.6%	59.6%
TOTALS	5357	39.7%	10789	39.4%	0	0	22456	0	38602	77.2%	77.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	9	0	0	0	0	2	8	4	17	21
85+	11	52	0	0	0	0	1	15	12	67	79
TOTALS	13	61	0	0	0	0	3	23	16	84	100

OUR LADY OF ANGELS RETIREMENT HOME
1201 WYOMING AVENUE
JOLIET, IL. 60435

Classification Numbers

License Number	6006993	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	28	0	0	28	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	26	0	26
TOTALS	18	28	0	0	54	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	248	235
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	109	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	26	100
Race Unknown	0	0	0	0	0
Total	74	0	0	26	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	74	0	0	26	100
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	26	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	14.00
Certified Aides	39.00
Other Health Staff	9.00
Non-Health Staff	52.00
Totals	130.00

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
31.9%	16.9%	0.0%	0.0%	51.3%	100.0%		
2,613,328	1,381,863	0	0	4,205,642	8,200,833	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OUR PLACE
301 N. 13TH
MURPHYSBORO, IL. 62966

Reference Numbers Facility ID 6007017
Health Service Area 005 Planning Service Area 077

Administrator
Betsy Shanks

Contact Person and Telephone
BETSY SHANKS
618-687-1415

Date Completed
3/26/2014

Registered Agent Information

Building	Reported Age
Building 1 Our Place	26
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	2
Total Discharges 2013	2
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5552	95.1%	0	0	0	0	5552	95.1%	95.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5552	95.1%	0	0	0	0	5552	95.1%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	5	0	0	5	5	10
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	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	0	0	0	0	8	8	0	0	8	8	16

OUR PLACE
301 N. 13TH
MURPHYSBORO, IL. 62966

Classification Numbers

License Number	6007017	
Health Service Area	005	
Planning Service Area	077	Jackson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	117	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	12.50

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%	82.3%	0.0%	0.0%	17.7%	100.0%		
0	527,157	0	0	113,361	640,518	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

P.A. PETERSON CENTER FOR HEALTH.
1311 PARKVIEW AVENUE
ROCKFORD, IL. 61107

Reference Numbers Facility ID 6007041
Health Service Area 001 Planning Service Area 201

Administrator
PEGGY HOLT

Contact Person and Telephone
CHRISTINA MESSINEO
815-391-1614

Date Completed
4/1/2014

Registered Agent Information
CRAIG COLMAR
1001 TOUHY AVE
Des Plaines, IL 60018

Building	Reported Age
Building 1 P.A. PETERSON CENTER FOR	34
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	118
Total Admissions 2013	706
Total Discharges 2013	706
Residents on 12/31/2013	118

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	39
Mental Illness	0
Developmental Disability	1
Circulatory System	15
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	10
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	118

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	129	129	116	129	107	22	129	41
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	29	17	16	14	11	18		
TOTAL BEDS	158	146	132	143	118	40	129	41

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10221	21.7%	11905	79.6%	0	4473	13417	0	40016	85.0%	85.0%
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	3984	0	3984	37.6%	64.2%
TOTALS	10221	21.7%	11905	79.6%	0	4473	17401	0	44000	76.3%	82.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	7	0	0	0	0	0	1	2	8	10
75 to 84	10	17	0	0	0	0	0	3	10	20	30
85+	13	55	0	0	0	0	1	6	14	61	75
TOTALS	26	81	0	0	0	0	1	10	27	91	118

P.A. PETERSON CENTER FOR HEALTH.
1311 PARKVIEW AVENUE
ROCKFORD, IL. 61107

Classification Numbers

License Number	6007041	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	26	0	18	36	0	107
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	11	0	11
TOTALS	27	26	0	18	47	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	222
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	160	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	91	0	0	11	102
Race Unknown	12	0	0	0	12
Total	107	0	0	11	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	107	0	0	11	118
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	11	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.52
LPN's	13.67
Certified Aides	45.86
Other Health Staff	2.69
Non-Health Staff	57.57
Totals	136.31

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
39.5%	7.1%	0.0%	15.9%	37.5%	100.0%		
5,004,178	900,711	0	2,017,552	4,755,884	12,678,325	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PALM TERRACE OF MATTOON
1000 PALM
MATTOON, IL. 61938

Reference Numbers Facility ID 6002109
Health Service Area 004 Planning Service Area 029

Administrator
Jamie Wilson

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/27/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	31
Mental Illness	73
Developmental Disability	3
Circulatory System	11
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	145

Total Residents Diagnosed as Mentally Ill 122

Total Residents Reported as Identified Offenders 18

Building		Reported Age
Building 1	Palm Terrace of Mattoon/Nursin	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	144
Total Admissions 2013	84
Total Discharges 2013	83
Residents on 12/31/2013	145

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	178	178	152	178	145	33	178	178
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	178	178	152	178	145	33	178	178

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3862	5.9%	41332	63.6%	605	208	4679	0	50686	78.0%	78.0%
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	3862	5.9%	41332	63.6%	605	208	4679	0	50686	78.0%	78.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	8	0	0	0	0	0	0	4	8	12
45 to 59	25	19	0	0	0	0	0	0	25	19	44
60 to 64	8	8	0	0	0	0	0	0	8	8	16
65 to 74	15	16	0	0	0	0	0	0	15	16	31
75 to 84	16	14	0	0	0	0	0	0	16	14	30
85+	6	6	0	0	0	0	0	0	6	6	12
TOTALS	74	71	0	0	0	0	0	0	74	71	145

PALM TERRACE OF MATTOON
1000 PALM
MATTOON, IL. 61938

Classification Numbers

License Number	6002109	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	124	2	0	13	0	145
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	124	2	0	13	0	145

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	129	0	0	0	129
Race Unknown	0	0	0	0	0
Total	145	0	0	0	145

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	0	0	0	0	0
Total	145	0	0	0	145

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	17.00
Certified Aides	48.00
Other Health Staff	0.00
Non-Health Staff	54.00
Totals	130.00

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
27.3%	61.3%	0.9%	1.2%	9.3%	100.0%		
1,853,884	4,161,765	59,685	79,125	632,016	6,786,475	8,528	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PALOS HILLS HEALTHCARE
10426 SOUTH ROBERTS
PALOS HILLS, IL. 60465

Reference Numbers Facility ID 6010086
Health Service Area 007 Planning Service Area 705

Administrator
Matthew Gidley

Contact Person and Telephone
MATTHEW GIDLEY
708-598-3460

Date Completed
4/9/2014

Registered Agent Information
Avrum Weinfeld
6865 N Lincoln Ave
Liincolnwood, IL 60712

Building	Reported Age
Building 1 Palos Hills Healthcare	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	134
Total Admissions 2013	243
Total Discharges 2013	246
Residents on 12/31/2013	131

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	12
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	36
Mental Illness	16
Developmental Disability	1
Circulatory System	37
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	131

Total Residents Diagnosed as Mentally Ill 47

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	156	144	156	131	72	135	183
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	156	144	156	131	72	135	183

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6595	13.4%	40156	60.1%	0	513	4091	0	51355	69.3%	90.2%
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	6595	13.4%	40156	60.1%	0	513	4091	0	51355	69.3%	90.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	3	0	0	0	0	0	0	0	3	3
45 to 59	16	7	0	0	0	0	0	0	16	7	23
60 to 64	8	8	0	0	0	0	0	0	8	8	16
65 to 74	16	17	0	0	0	0	0	0	16	17	33
75 to 84	13	18	0	0	0	0	0	0	13	18	31
85+	6	19	0	0	0	0	0	0	6	19	25
TOTALS	59	72	0	0	0	0	0	0	59	72	131

PALOS HILLS HEALTHCARE
10426 SOUTH ROBERTS
PALOS HILLS, IL. 60465

Classification Numbers

License Number	6010086	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	106	0	1	7	0	131
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	106	0	1	7	0	131

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	30	0	0	0	30
Hawaiian/Pacific Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	131	0	0	0	131

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	0	0	0	0	0
Total	131	0	0	0	131

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	13.00
Certified Aides	37.00
Other Health Staff	5.00
Non-Health Staff	27.00
Totals	90.00

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
34.8%	54.2%	0.0%	5.2%	5.8%	100.0%		
3,578,693	5,566,872	0	534,754	599,635	10,279,954	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARAMOUNT OF OAK PARK Rehab & Nu. CENTE
625 NORTH HARLEM AVENUE
OAK PARK, IL. 60302

Reference Numbers Facility ID 6006795
Health Service Area 007 Planning Service Area 704

Administrator
David Wengrow

Contact Person and Telephone
DAVID WENGROW
708-848-5966

Date Completed
4/2/2014

Registered Agent Information

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	6
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	2
Circulatory System	0
Respiratory System	25
Digestive System	10
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	5
Other Medical Conditions	38
Non-Medical Conditions	10
TOTALS	121

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 7

Building		Reported Age
Building 1	Paramount of Oak Park	49
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	123
Total Admissions 2013	64
Total Discharges 2013	66
Residents on 12/31/2013	121

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	204	204	130	204	121	83	204	204
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	204	204	130	204	121	83	204	204

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3990	5.4%	24547	33.0%	749	5852	235	5010	40383	54.2%	54.2%
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	3990	5.4%	24547	33.0%	749	5852	235	5010	40383	54.2%	54.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	21	9	0	0	0	0	0	0	21	9	30
60 to 64	15	10	0	0	0	0	0	0	15	10	25
65 to 74	21	9	0	0	0	0	0	0	21	9	30
75 to 84	12	12	0	0	0	0	0	0	12	12	24
85+	0	10	0	0	0	0	0	0	0	10	10
TOTALS	69	52	0	0	0	0	0	0	69	52	121

PARAMOUNT OF OAK PARK Rehab & Nu. CENTE
625 NORTH HARLEM AVENUE
OAK PARK, IL. 60302

Classification Numbers

License Number	6006795	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	65	0	23	1	21	121
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	65	0	23	1	21	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	81	0	0	0	81
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	121	0	0	0	121

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	18.00
Certified Aides	29.00
Other Health Staff	6.00
Non-Health Staff	47.00
Totals	110.00

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
32.5%	55.3%	0.0%	12.2%	0.0%	100.0%		
2,231,776	3,792,874	0	837,083	176	6,861,909	646,290	9.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARENT & FRIENDS OF THE SLC
1450 CASEYVILLE AVENUE
SWANSEA, IL. 62226

Reference Numbers Facility ID 6008882
Health Service Area 011 Planning Service Area 163

Administrator
Karlene Dotson

Contact Person and Telephone
JUDY K. YOUNG
618-277-7730 Ext 3302

Date Completed
3/24/2014

Registered Agent Information
Karlene Dotson
1450 Caseyville Avenue
Swansea, IL 62226

Building		Reported Age
Building 1	Schloemann House	33
Building 2	House 3	33
Building 3	House 4	33
Building 4	House 5	33
Building 5	House 6	33

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	96
Total Admissions 2013	13
Total Discharges 2013	15
Residents on 12/31/2013	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	94
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	94

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	100	100	99	100	94	6		100
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	99	100	94	6	0	100

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			34764	95.2%	0	0	31	0	34795	95.3%	95.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	34764	95.2%	0	0	31	0	34795	95.3%	95.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	20	11	0	0	20	11	31
45 to 59	0	0	0	0	19	20	0	0	19	20	39
60 to 64	0	0	0	0	8	7	0	0	8	7	15
65 to 74	0	0	0	0	4	4	0	0	4	4	8
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	52	42	0	0	52	42	94

PARENT & FRIENDS OF THE SLC
1450 CASEYVILLE AVENUE
SWANSEA, IL. 62226

Classification Numbers

License Number	6008882	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		94	0	0	0	0	94
Sheltered Care			0	0	0	0	0
TOTALS	0	94	0	0	0	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	150	137
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	24	0	24
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	70	0	70
Race Unknown	0	0	0	0	0
Total	0	0	94	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	94	0	94
Ethnicity Unknown	0	0	0	0	0
Total	0	0	94	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	9.76
Certified Aides	68.38
Other Health Staff	25.12
Non-Health Staff	20.06
Totals	125.32

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%	84.4%	15.5%	0.0%	0.1%	100.0%		
0	3,957,266	724,698	0	4,650	4,686,614	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARIS HEALTHCARE CENTER
1011 NORTH MAIN STREET
PARIS, IL. 61944

Reference Numbers Facility ID 6007090
Health Service Area 004 Planning Service Area 045

Administrator
Susan Jester

Contact Person and Telephone
Susan Jester
217-465-5376

Date Completed
4/3/2014

Registered Agent Information

Building		Reported Age
Building 1	Main Building with partial basem	77
Building 2	Shady Lane Building	19
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	77
Total Admissions 2013	152
Total Discharges 2013	148
Residents on 12/31/2013	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	9
Mental Illness	9
Developmental Disability	0
Circulatory System	16
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	8
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	128	113	85	113	81	47	128	128
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	128	113	85	113	81	47	128	128

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3328	7.1%	15388	32.9%	413	203	9685	0	29017	62.1%	70.4%
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	3328	7.1%	15388	32.9%	413	203	9685	0	29017	62.1%	70.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	7	0	0	0	0	0	0	1	7	8
75 to 84	4	19	0	0	0	0	0	0	4	19	23
85+	10	36	0	0	0	0	0	0	10	36	46
TOTALS	17	64	0	0	0	0	0	0	17	64	81

PARIS HEALTHCARE CENTER
1011 NORTH MAIN STREET
PARIS, IL. 61944

Classification Numbers

License Number	6007090	
Health Service Area	004	
Planning Service Area	045	Edgar

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	34	0	0	38	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	34	0	0	38	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	14.00
Certified Aides	47.00
Other Health Staff	3.00
Non-Health Staff	36.00
Totals	110.00

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
33.3%	42.8%	0.0%	0.0%	23.9%	100.0%		
1,454,187	1,872,082	0	0	1,047,206	4,373,475	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK HAVEN CARE CENTER
107 SOUTH LINCOLN
SMITHTON, IL. 62285

Reference Numbers Facility ID 6007116
Health Service Area 011 Planning Service Area 163

Administrator
MICHAEL OLSON

Contact Person and Telephone
MICHAEL OLSON
618-235-4600

Date Completed
4/3/2013

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Dr
Springfield, IL 62703

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	78
Developmental Disability	0
Circulatory System	1
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	81

Total Residents Diagnosed as Mentally Ill 81

Total Residents Reported as Identified Offenders 4

Building		Reported Age
Building 1	100/200 Halls	43
Building 2	300 Hall	32
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	83
Total Admissions 2013	51
Total Discharges 2013	53
Residents on 12/31/2013	81

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	101	88	82	88	81	20	0	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	88	82	88	81	20	0	101

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	27191	73.8%	0	364	1213	0	28768	78.0%	89.6%
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	0	0.0%	27191	73.8%	0	364	1213	0	28768	78.0%	89.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	1	0	0	0	0	0	0	4	1	5
45 to 59	22	16	0	0	0	0	0	0	22	16	38
60 to 64	9	4	0	0	0	0	0	0	9	4	13
65 to 74	8	9	0	0	0	0	0	0	8	9	17
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	45	36	0	0	0	0	0	0	45	36	81

PARK HAVEN CARE CENTER
107 SOUTH LINCOLN
SMITHTON, IL. 62285

Classification Numbers

License Number	6007116	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	75	0	1	5	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	75	0	1	5	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	103
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	1	0	0	0	1
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.50
LPN's	6.50
Certified Aides	15.00
Other Health Staff	3.50
Non-Health Staff	15.00
Totals	44.50

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%	93.7%	0.0%	1.4%	4.9%	100.0%		
0	2,564,561	0	37,492	134,008	2,736,061	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK HOUSE NURSING & REHABILITATION
2320 SOUTH LAWNDALE
CHICAGO, IL. 60623

Reference Numbers Facility ID 6007140
Health Service Area 006 Planning Service Area 602

Administrator
Elimelech S Ray

Contact Person and Telephone
Elimelech S Ray
773-522-0400

Date Completed
4/4/2014

Registered Agent Information
David Aronin
2201 main st
Evanston, IL 60202

Life Care Facility

Building	Reported Age
Building 1 park house	50
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	84
Total Admissions 2013	365
Total Discharges 2013	356
Residents on 12/31/2013	93

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	61
Developmental Disability	0
Circulatory System	7
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	93

Total Residents Diagnosed as Mentally Ill 82

Total Residents Reported as Identified Offenders 25

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	106	102	106	93	13	14	106
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	106	106	102	106	93	13	14	106

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3250	63.6%	30354	78.5%	0	0	365	0	33969	87.8%	87.8%
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	3250	63.6%	30354	78.5%	0	0	365	0	33969	87.8%	87.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	8	4	0	0	0	0	0	0	8	4	12
45 to 59	39	7	0	0	0	0	0	0	39	7	46
60 to 64	10	4	0	0	0	0	0	0	10	4	14
65 to 74	9	4	0	0	0	0	0	0	9	4	13
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	2	2	0	0	0	0	0	0	2	2	4
TOTALS	70	23	0	0	0	0	0	0	70	23	93

PARK HOUSE NURSING & REHABILITATION
2320 SOUTH LAWNDALE
CHICAGO, IL. 60623

Classification Numbers

License Number	6007140	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	79	0	0	1	0	93
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	79	0	0	1	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	69	0	0	0	69
Hawaiian/Pacific Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	93	0	0	0	93

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	3.00
LPN's	12.00
Certified Aides	32.00
Other Health Staff	12.00
Non-Health Staff	41.00
Totals	103.00

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
23.6%	75.7%	0.0%	0.1%	0.6%	100.0%		
1,177,214	3,775,390	0	3,100	31,959	4,987,663	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK LAWN HOME
12615 SOUTH KOSTNER AVENUE
ALSIP, IL. 60803

Reference Numbers Facility ID 6012264
Health Service Area 007 Planning Service Area 705

Administrator
Eleanor L. Crumback

Contact Person and Telephone
ELEANOR L. CRUMBACK
708-396-1117 ext. 223

Date Completed
3/13/2014

Registered Agent Information
James H. Himmel
6500 College Drive
Palos Heights, IL 60403

Building	Reported Age
Building 1 Park Lawn Home	23
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	15	0		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	15

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5291	96.6%	0	0	0	0	5291	96.6%	96.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5291	96.6%	0	0	0	0	5291	96.6%	96.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	8	4	0	0	8	4	12
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	8	7	0	0	8	7	15

PARK LAWN HOME
12615 SOUTH KOSTNER AVENUE
ALSIP, IL. 60803

Classification Numbers

License Number	6012264	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	135	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	2.00
Other Health Staff	9.00
Non-Health Staff	1.00
Totals	12.00

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
0.0%	71.9%	0.0%	0.0%	28.1%	100.0%		
0	455,289	0	0	177,629	632,918	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK LAWN RESIDENTIAL CENTER
5831 WEST 115TH STREET
ALSIP, IL. 60803

Reference Numbers Facility ID 6007132
Health Service Area 007 Planning Service Area 705

Administrator
Eleanor L. Crumback

Contact Person and Telephone
ELEANOR L. CRUMBACK
708-396-1117 ext. 223

Date Completed
3/13/2014

Registered Agent Information
James H. Himmel
6500 College Drive
Palos Heights, IL 60403

Building	Reported Age
Building 1 Park Lawn Center	32
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	39
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	39

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	39
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	39

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	41	41	40	41	39	2		41
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	41	41	40	41	39	2	0	41

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			14091	94.2%	0	0	0	0	14091	94.2%	94.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	14091	94.2%	0	0	0	0	14091	94.2%	94.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	5	0	0	3	5	8
45 to 59	0	0	0	0	10	15	0	0	10	15	25
60 to 64	0	0	0	0	0	3	0	0	0	3	3
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	15	24	0	0	15	24	39

PARK LAWN RESIDENTIAL CENTER
5831 WEST 115TH STREET
ALSIP, IL. 60803

Classification Numbers

License Number	6007132	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		39	0	0	0	0	39
Sheltered Care			0	0	0	0	0
TOTALS	0	39	0	0	0	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	165
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	35	0	35
Race Unknown	0	0	0	0	0
Total	0	0	39	0	39

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	38	0	38
Ethnicity Unknown	0	0	0	0	0
Total	0	0	39	0	39

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	4.00
Certified Aides	3.00
Other Health Staff	24.00
Non-Health Staff	14.00
Totals	50.00

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
0.0%	85.1%	0.0%	0.0%	14.9%	100.0%		
0	1,939,930	0	0	340,549	2,280,479	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK PLACE
205 PARK AVENUE
PANA, IL. 62557

Reference Numbers Facility ID 6013015
Health Service Area 003 Planning Service Area 021

Administrator
Christina Durbin

Contact Person and Telephone
Christina Durbin
217-562-7023

Date Completed
3/24/2014

Registered Agent Information
John Mirecki
3615 Park Drive Suite 100
Olympia Fields, IL 60461

Building	Reported Age
Building 1 Park Place	23
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	1
Total Discharges 2013	2
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5387	92.2%	0	0	0	0	5387	92.2%	92.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5387	92.2%	0	0	0	0	5387	92.2%	92.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	4	0	0	3	4	7
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	2	0	0	0	2	0	2
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	8	6	0	0	8	6	14

PARK PLACE
205 PARK AVENUE
PANA, IL. 62557

Classification Numbers

License Number	6013015	
Health Service Area	003	
Planning Service Area	021	Christian

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	125	115
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.50
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	8.00
Totals	9.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	479,881	0	0	0	479,881	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK PLACE CHRISTIAN COMMUNITY
1150 EUCLID AVENUE
ELMHURST, IL. 60126

Reference Numbers Facility ID 6016430
Health Service Area 007 Planning Service Area 703

Administrator
Richard Nolden

Contact Person and Telephone
Richard Nolden
630-936-4106

Date Completed
4/4/2014

Registered Agent Information
William DeYoung
18601 N. Creek Drive
Tinley Park, IL 60477

Continuing Care Retirement Community

Building	Reported Age
Building 1 Healthcare	2
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	29
Total Admissions 2013	539
Total Discharges 2013	541
Residents on 12/31/2013	27

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	27

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	37	37	37	37	27	10	37	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	37	37	37	37	27	10	37	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9214	68.2%	0	0.0%	0	2341	152	0	11707	86.7%	86.7%
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	9214	68.2%	0	0.0%	0	2341	152	0	11707	86.7%	86.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	2	12	0	0	0	0	0	0	2	12	14
TOTALS	7	20	0	0	0	0	0	0	7	20	27

PARK PLACE CHRISTIAN COMMUNITY
1150 EUCLID AVENUE
ELMHURST, IL. 60126

Classification Numbers

License Number	6016430	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	0	0	4	1	0	27
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	0	0	4	1	0	27

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	355	300
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	27	0	0	0	27
Race Unknown	0	0	0	0	0
Total	27	0	0	0	27

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	27	0	0	0	27
Ethnicity Unknown	0	0	0	0	0
Total	27	0	0	0	27

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	2.10
Certified Aides	33.60
Other Health Staff	10.00
Non-Health Staff	23.00
Totals	81.70

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
81.0%	0.0%	0.0%	15.0%	4.0%	100.0%		
4,447,168	0	0	823,550	219,613	5,490,331	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	4/17/2012	Formerly Park Place Christian Community.
12-007	4/17/2012	Permit issued to establish a facility with 37 Nursing Care beds.
07-071	4/17/2012	Permit abandoned.
Licensure	8/1/2012	Facility licensed for operation.

PARK PLACE OF BELVIDERE
1701 5TH AVENUE
BELVIDERE, IL. 61008

Reference Numbers Facility ID 6003073
Health Service Area 001 Planning Service Area 007

Administrator
Margaret Ryan

Contact Person and Telephone
Margaret Ryan
815-547-5451

Date Completed
4/2/2014

Registered Agent Information
ANDREW B KAGAN
8170 N MCCORMICK BLVD STE 219
Skokie, IL 60076

Building		Reported Age
Building 1	PARK PLACE OF BELVIDERE	36
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	51
Total Admissions 2013	53
Total Discharges 2013	52
Residents on 12/31/2013	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	80	62	80	52	28	0	80
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	80	62	80	52	28	0	80

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1749	0.0%	9188	31.5%	0	151	402	0	11490	39.3%	39.3%
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	1749	0.0%	9188	31.5%	0	151	402	0	11490	39.3%	39.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	9	5	0	0	0	0	0	0	9	5	14
75 to 84	8	7	0	0	0	0	0	0	8	7	15
85+	5	8	0	0	0	0	0	0	5	8	13
TOTALS	28	24	0	0	0	0	0	0	28	24	52

PARK PLACE OF BELVIDERE
1701 5TH AVENUE
BELVIDERE, IL. 61008

Classification Numbers

License Number	6003073	
Health Service Area	001	
Planning Service Area	007	Boone

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	32	0	2	11	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	32	0	2	11	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	224	184
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	5.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	61.00

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
0.0%	83.2%	0.0%	0.3%	16.4%	100.0%		
0	793,883	0	3,289	156,669	953,841	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK PLACE-CENTRALIA
332 COUNTRY CLUB ROAD
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6013502
Health Service Area 005 Planning Service Area 121

Administrator
Cara Stallard

Contact Person and Telephone
Carolyn Harper
618-918-3770

Date Completed
4/21/2014

Registered Agent Information
William Crain
623 East Broadway
Centralia, IL 62801

Building	Reported Age
Building 1	19
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	2
Total Discharges 2013	5
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	12	4	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5612	96.1%	0	0	0	0	5612	96.1%	96.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5612	96.1%	0	0	0	0	5612	96.1%	96.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	3	5	0	0	3	5	8
60 to 64	0	0	0	0	1	3	0	0	1	3	4
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	4	8	0	0	4	8	12

PARK PLACE-CENTRALIA
332 COUNTRY CLUB ROAD
CENTRALIA, IL. 62801

Classification Numbers

License Number	6013502	
Health Service Area	005	
Planning Service Area	121	Marion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	165	165
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	3.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	24.00

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
0.0%	85.1%	1.5%	0.0%	13.4%	100.0%		
0	771,007	13,314	0	121,315	905,636	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK POINTE HEALTHCARE & REHABILITATION
1223 S. EDGEWATER DR.
MORRIS, IL. 60450

Reference Numbers Facility ID 6003875
Health Service Area 009 Planning Service Area 063

Administrator
SUZANNE DAY

Contact Person and Telephone
SUZANNE DAY
815-416-6500

Date Completed
4/4/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	104
Total Admissions 2013	242
Total Discharges 2013	228
Residents on 12/31/2013	118

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	1
Circulatory System	7
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	79
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	118

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	142	142	124	142	118	24	67	142
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	142	142	124	142	118	24	67	142

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8169	33.4%	19322	37.3%	0	144	13367	0	41002	79.1%	79.1%
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	8169	33.4%	19322	37.3%	0	144	13367	0	41002	79.1%	79.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	12	19	0	0	0	0	0	0	12	19	31
85+	15	62	0	0	0	0	0	0	15	62	77
TOTALS	32	86	0	0	0	0	0	0	32	86	118

PARK POINTE HEALTHCARE & REHABILITATION
1223 S. EDGEWATER DR.
MORRIS, IL. 60450

Classification Numbers

License Number	6003875	
Health Service Area	009	
Planning Service Area	063	Grundy

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	57	0	1	40	0	118
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	57	0	1	40	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	2	0	0	0	2
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	7.00
Certified Aides	54.00
Other Health Staff	6.00
Non-Health Staff	58.00
Totals	141.00

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
38.0%	16.6%	0.0%	7.4%	38.0%	100.0%		
3,210,510	1,401,863	0	623,423	3,206,678	8,442,474	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK RIDGE CARE CENTER
665 BUSSE HIGHWAY
PARK RIDGE, IL. 60068

Reference Numbers Facility ID 6007157
Health Service Area 007 Planning Service Area 702

Administrator
rob weisz

Contact Person and Telephone
ROB WEISZ

Registered Agent Information **Date Completed** 4/4/2014

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	42
Total Admissions 2013	40
Total Discharges 2013	40
Residents on 12/31/2013	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	24
Mental Illness	0
Developmental Disability	14
Circulatory System	1
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	46	46	45	46	42	4	46	46
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	46	46	45	46	42	4	46	46

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1053	6.3%	12602	75.1%	0	1365	301	0	15321	91.3%	91.3%
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	1053	6.3%	12602	75.1%	0	1365	301	0	15321	91.3%	91.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	8	14	0	0	0	0	0	0	8	14	22
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	3	9	0	0	0	0	0	0	3	9	12
75 to 84	1	0	0	0	0	0	0	0	1	0	1
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	16	26	0	0	0	0	0	0	16	26	42

PARK RIDGE CARE CENTER
665 BUSSE HIGHWAY
PARK RIDGE, IL. 60068

Classification Numbers

License Number	6007157	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	37	0	0	0	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	37	0	0	0	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	0.00
Certified Aides	11.00
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	26.00

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
20.8%	70.7%	0.0%	6.8%	1.8%	100.0%		
550,733	1,872,133	0	179,458	47,120	2,649,444	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK VIEW REHABILITATION CENTER
5888 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6002315
Health Service Area 006 Planning Service Area 601

Administrator
Sue Bohne

Contact Person and Telephone
SUE BOHNE
773-769-2626

Date Completed
4/2/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	119
Total Admissions 2013	52
Total Discharges 2013	56
Residents on 12/31/2013	115

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	87
Developmental Disability	2
Circulatory System	7
Respiratory System	3
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	115

Total Residents Diagnosed as Mentally Ill 87

Total Residents Reported as Identified Offenders 19

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	127	127	124	127	115	12	44	127
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	127	127	124	127	115	12	44	127

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2589	16.1%	38628	83.3%	598	0	73	0	41888	90.4%	90.4%
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	2589	16.1%	38628	83.3%	598	0	73	0	41888	90.4%	90.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	3	0	0	0	0	0	0	12	3	15
45 to 59	20	11	0	0	0	0	0	0	20	11	31
60 to 64	9	10	0	0	0	0	0	0	9	10	19
65 to 74	23	11	0	0	0	0	0	0	23	11	34
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	68	47	0	0	0	0	0	0	68	47	115

PARK VIEW REHABILITATION CENTER
5888 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Classification Numbers

License Number	6002315	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	108	2	0	1	0	116
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	108	2	0	1	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	1	0	0	0	1
Black	38	0	0	0	38
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	8.00
Certified Aides	31.00
Other Health Staff	4.00
Non-Health Staff	26.00
Totals	77.00

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
17.8%	81.2%	0.8%	0.0%	0.2%	100.0%		
980,967	4,474,779	44,986	0	10,880	5,511,612	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	12/1/2012	Change of Ownership occurred.
Name Change	12/4/2012	Formerly Heritage Healthcare Center.

PARK VILLA NURSING & REHAB CENTER
12550 SOUTH RIDGELAND AVENUE
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6007934
Health Service Area 007 Planning Service Area 705

Administrator
Rick Hennessy

Contact Person and Telephone
Rick Hennessy
708-597-9300

Date Completed
4/4/2014

Registered Agent Information
Corporation Service Company
2711 Centerville Road, Suite 400
Wilington, DE 19808

Building		Reported Age
Building 1	Park Villa - Front Half	41
Building 2	Park Villa - Back Half	17
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	74
Total Admissions 2013	477
Total Discharges 2013	492
Residents on 12/31/2013	59

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	2
Circulatory System	17
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	4
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	101	86	83	86	59	42	101	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	86	83	86	59	42	101	101

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12539	34.0%	11425	31.0%	0	972	926	0	25862	70.2%	82.4%
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	12539	34.0%	11425	31.0%	0	972	926	0	25862	70.2%	82.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	5	0	0	0	0	0	0	1	5	6
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	5	15	0	0	0	0	0	0	5	15	20
85+	0	24	0	0	0	0	0	0	0	24	24
TOTALS	9	50	0	0	0	0	0	0	9	50	59

PARK VILLA NURSING & REHAB CENTER
12550 SOUTH RIDGELAND AVENUE
PALOS HEIGHTS, IL. 60463

Classification Numbers

License Number	6007934	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	28	1	2	1	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	28	1	2	1	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	325	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	4	0	0	0	4
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	8.00
Certified Aides	35.00
Other Health Staff	2.00
Non-Health Staff	12.00
Totals	71.00

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
70.8%	21.7%	0.0%	5.0%	2.4%	100.0%		
6,115,906	1,877,324	0	433,306	207,718	8,634,254	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARKER NURSING AND REHABILITATION
516 WEST FRECH STREET
STREATOR, IL. 61364

Reference Numbers Facility ID 6001374
Health Service Area 002 Planning Service Area 099

Administrator
BRAD FIERCE

Contact Person and Telephone
BRAD FIERCE
(815) 672 2600

Date Completed
8/5/2014

Registered Agent Information
David Gross
240 Fencl Lane Suite 2800

(Not Answered)

Building		Reported Age
Building 1	Main Building	38
Building 2	C Wing Addition	36
Building 3	Remodel / Offices and Dining R	11
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	34
Total Admissions 2013	112
Total Discharges 2013	99
Residents on 12/31/2013	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	13
Developmental Disability	2
Circulatory System	10
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 13

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	102	102	50	102	47	55	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	102	102	50	102	47	55	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2520	0.0%	11936	0.0%	0	216	1320	0	15992	43.0%	43.0%
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	2520	0.0%	11936	0.0%	0	216	1320	0	15992	43.0%	43.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	1	9	0	0	0	0	0	0	1	9	10
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	4	2	0	0	0	0	0	0	4	2	6
TOTALS	17	30	0	0	0	0	0	0	17	30	47

PARKER NURSING AND REHABILITATION
516 WEST FRECH STREET
STREATOR, IL. 61364

Classification Numbers

License Number	6001374	
Health Service Area	002	
Planning Service Area	099	LaSalle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	35	0	1	3	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	35	0	1	3	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	46	0	0	0	46
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	3.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	42.00

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
44.2%	47.0%	0.0%	2.7%	6.1%	100.0%		
1,245,092	1,322,605	0	75,567	170,915	2,814,179	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARKSHORE ESTATES NURSING & REHAB
6125 SOUTH KENWOOD
CHICAGO, IL. 60637

Reference Numbers Facility ID 6005003
Health Service Area 006 Planning Service Area 603

Administrator
Thomeka Brown

Contact Person and Telephone
Thomeka Brown

Registered Agent Information **Date Completed** 4/29/2014

Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	192
Total Admissions 2013	159
Total Discharges 2013	111
Residents on 12/31/2013	240

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	123
Developmental Disability	3
Circulatory System	12
Respiratory System	9
Digestive System	7
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	15
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	201

Total Residents Diagnosed as Mentally Ill 123

Total Residents Reported as Identified Offenders 34

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	318	238	201	238	201	117	64	318
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	318	238	201	238	201	117	64	318

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4534	19.4%	65174	56.2%	1942	6	400	0	72056	62.1%	82.9%
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	4534	19.4%	65174	56.2%	1942	6	400	0	72056	62.1%	82.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	20	5	0	0	0	0	0	0	20	5	25
45 to 59	44	39	0	0	0	0	0	0	44	39	83
60 to 64	14	8	0	0	0	0	0	0	14	8	22
65 to 74	27	7	0	0	0	0	0	0	27	7	34
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	5	15	0	0	0	0	0	0	5	15	20
TOTALS	116	85	0	0	0	0	0	0	116	85	201

PARKSHORE ESTATES NURSING & REHAB
6125 SOUTH KENWOOD
CHICAGO, IL. 60637

Classification Numbers

License Number	6005003	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	165	16	1	2	0	201
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	165	16	1	2	0	201

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	156	0	0	0	156
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	201	0	0	0	201

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	191	0	0	0	191
Ethnicity Unknown	0	0	0	0	0
Total	201	0	0	0	201

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	8.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	27.00
Certified Aides	61.00
Other Health Staff	0.00
Non-Health Staff	55.00
Totals	166.00

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
15.4%	6.1%	0.0%	0.9%	77.5%	100.0%		
2,391,146	947,431	0	137,410	12,002,987	15,478,974	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARKVIEW HOME
1234 SOUTH PARK BOULEVARD
FREEPORT, IL. 61032

Reference Numbers Facility ID 6007231
Health Service Area 001 Planning Service Area 177

Administrator
Debra Gitz

Contact Person and Telephone
DEBRA GITZ
815-232-8612

Date Completed
3/12/2014

Registered Agent Information
Debra Gitz
1234 S. Park Blvd
Freeport, IL 61032

Continuing Care Retirement Community
Life Care Facility

Building	Reported Age
Building 1 Parkview (Heritage Wing)	87
Building 2 Parkview (Schulte Wing)	40
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	47
Total Admissions 2013	16
Total Discharges 2013	18
Residents on 12/31/2013	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	29
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	30	30	30	30	25	5	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	43	26	26	26	20	23		
TOTAL BEDS	73	56	56	56	45	28	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	7446	1529	8975	82.0%	82.0%
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	7214	365	7579	48.3%	79.9%
TOTALS	0	0.0%	0	0.0%	0	0	14660	1894	16554	62.1%	81.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	2	1	2	1	3
75 to 84	0	2	0	0	0	0	1	4	1	6	7
85+	4	19	0	0	0	0	2	10	6	29	35
TOTALS	4	21	0	0	0	0	5	15	9	36	45

PARKVIEW HOME
1234 SOUTH PARK BOULEVARD
FREEPORT, IL. 61032

Classification Numbers

License Number	6007231	
Health Service Area	001	
Planning Service Area	177	Stephenson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	19	6	25
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	19	1	20
TOTALS	0	0	0	0	38	7	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	227	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	71	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	25	0	0	20	45
Race Unknown	0	0	0	0	0
Total	25	0	0	20	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	25	0	0	20	45
Ethnicity Unknown	0	0	0	0	0
Total	25	0	0	20	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	7.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	32.00
Totals	74.00

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	2,641,760	2,641,760	198,732	7.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARKVIEW HOME
310 WEST ENZ
CISSNA PARK, IL. 60924

Reference Numbers Facility ID 6012082
Health Service Area 004 Planning Service Area 075

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217-398-0754 ext 13

Date Completed
4/3/2013

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

Building		Reported Age
Building 1	310 w Enz Cissna Park illinois	25
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5433	93.0%	0	0	0	0	5433	93.0%	93.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5433	93.0%	0	0	0	0	5433	93.0%	93.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	2	0	0	0	2	0	2
18 to 44	0	0	0	0	4	1	0	0	4	1	5
45 to 59	0	0	0	0	0	6	0	0	0	6	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	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	0	0	0	0	7	7	0	0	7	7	14

PARKVIEW HOME
310 WEST ENZ
CISSNA PARK, IL. 60924

Classification Numbers

License Number	6012082	
Health Service Area	004	
Planning Service Area	075	Iroquois

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	134	134
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	12.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	629,322	0	0	0	629,322	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARKWAY MANOR
3116 WILLIAMSON COUNTY PARKWAY
MARION, IL. 62959

Reference Numbers Facility ID 6014385
Health Service Area 005 Planning Service Area 199

Administrator
YOLANDA FISHER

Contact Person and Telephone
YOLANDA FISHER
618-993-8600

Date Completed
#########

Registered Agent Information
Michael Bibo 01215132
285 S. Farnham Street
Galesburg, IL 61401

Continuing Care Retirement Community

Building		Reported Age
Building 1	Parkway Manor/Skilled Nursing	19
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	91
Total Admissions 2013	394
Total Discharges 2013	398
Residents on 12/31/2013	87

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	1
Developmental Disability	0
Circulatory System	9
Respiratory System	15
Digestive System	7
Genitourinary System Disorders	9
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	6
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	87

Total Residents Diagnosed as Mentally Ill 34

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	131	119	98	119	87	44	131	78
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	131	119	98	119	87	44	131	78

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13627	28.5%	8959	31.5%	220	310	10196	0	33312	69.7%	76.7%
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	13627	28.5%	8959	31.5%	220	310	10196	0	33312	69.7%	76.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	5	25	0	0	0	0	0	0	5	25	30
85+	8	41	0	0	0	0	0	0	8	41	49
TOTALS	19	68	0	0	0	0	0	0	19	68	87

PARKWAY MANOR
3116 WILLIAMSON COUNTY PARKWAY
MARION, IL. 62959

Classification Numbers

License Number	6014385	
Health Service Area	005	
Planning Service Area	199	Williamson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	37	20	0	0	30	0	87
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	37	20	0	0	30	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	161
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	87	0	0	0	87

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	14.00
Certified Aides	50.00
Other Health Staff	7.00
Non-Health Staff	36.00
Totals	119.00

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
57.9%	20.4%	0.7%	0.5%	20.6%	100.0%		
4,796,111	1,689,264	54,027	42,327	1,705,074	8,286,803	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PATTERSON HOUSE
307 EAST JEFFERSON
SULLIVAN, IL. 61951

Reference Numbers Facility ID 6013114
Health Service Area 004 Planning Service Area 139

Administrator
Lori Dillman

Contact Person and Telephone
Heather Moody
217-728-4357

Date Completed
3/19/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
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-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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	13

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Patterson House	23
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	1
Total Discharges 2013	3
Residents on 12/31/2013	13

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	0	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	0	13	3	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			0	0.0%	5840	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	5840	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	2	0	0	4	2	6
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	7	6	0	0	7	6	13

PATTERSON HOUSE
307 EAST JEFFERSON
SULLIVAN, IL. 61951

Classification Numbers

License Number	6013114	
Health Service Area	004	
Planning Service Area	139	Moultrie

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	127
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	19.25

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	670,850	0	0	0	670,850	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PAVILION OF WAUKEGAN
2217 WASHINGTON STREET
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6009799
Health Service Area 008 Planning Service Area 097

Administrator
Michael Skirven

Contact Person and Telephone
Michael Skirven
847-244-4100

Date Completed
3/31/2014

Registered Agent Information
Not Aplicable

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	1
Circulatory System	24
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	9
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	11
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 29

Total Residents Reported as Identified Offenders 9

Building		Reported Age
Building 1	Pavilion of Waukegan	59
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	84
Total Admissions 2013	136
Total Discharges 2013	131
Residents on 12/31/2013	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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	109	109	100	109	89	20	109	109
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	109	109	100	109	89	20	109	109

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6291	15.8%	20998	52.8%	16	1564	4561	0	33430	84.0%	84.0%
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	6291	15.8%	20998	52.8%	16	1564	4561	0	33430	84.0%	84.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	6	5	0	0	0	0	0	0	6	5	11
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	10	10	0	0	0	0	0	0	10	10	20
75 to 84	11	16	0	0	0	0	0	0	11	16	27
85+	3	19	0	0	0	0	0	0	3	19	22
TOTALS	36	53	0	0	0	0	0	0	36	53	89

PAVILION OF WAUKEGAN
2217 WASHINGTON STREET
WAUKEGAN, IL. 60085

Classification Numbers

License Number	6009799	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	57	0	4	10	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	57	0	4	10	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	35	0	0	0	35
Hawaiian/Pacific Isl.	1	0	0	0	1
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	16	0	0	0	16
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.30
LPN's	6.30
Certified Aides	26.00
Other Health Staff	55.70
Non-Health Staff	0.00
Totals	99.30

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
65.5%	6.2%	0.6%	5.6%	22.1%	100.0%		
2,585,138	242,627	23,342	222,621	870,300	3,944,028	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PEACHTREE ESTATES
1370 STATE ROUTE 127 SOUTH
JONESBORO, IL. 62952

Reference Numbers Facility ID 6014286
Health Service Area 005 Planning Service Area 181

Administrator
GARY GRIFFITH

Contact Person and Telephone
GARY GRIFFITH
618-833-5344

Date Completed
3/28/2014

Registered Agent Information
ALLEN JAMES
137 W. VIENNA ST
Anna, IL 62906

Building		Reported Age
Building 1	PEACHTREE ESTATES	18
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	0
Total Discharges 2013	3
Residents on 12/31/2013	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
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	11

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	11	5		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	11	5	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4798	82.2%	0	0	0	0	4798	82.2%	82.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4798	82.2%	0	0	0	0	4798	82.2%	82.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	3	0	0	4	3	7
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	6	5	0	0	6	5	11

PEACHTREE ESTATES
1370 STATE ROUTE 127 SOUTH
JONESBORO, IL. 62952

Classification Numbers

License Number	6014286	
Health Service Area	005	
Planning Service Area	181	Union

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	130
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	8	0	8
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	11.00
Other Health Staff	2.00
Non-Health Staff	1.00
Totals	14.50

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%	88.4%	11.6%	0.0%	0.0%	100.0%		
0	590,920	77,738	0	0	668,658	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PEKIN MANOR
1520 EL CAMINO DRIVE
PEKIN, IL. 61554

Reference Numbers Facility ID 6011712
Health Service Area 002 Planning Service Area 179

Administrator
Marcos A. Perez II

Contact Person and Telephone
Marcos A. Perez II
309-353-1099 Ext. 222

Date Completed
4/21/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Continuing Care Retirement Community

Building		Reported Age
Building 1	Pekin Estates (ILF)	22
Building 2	Pekin Manor (SNF)	26
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	92
Total Admissions 2013	237
Total Discharges 2013	219
Residents on 12/31/2013	110

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	3
Mental Illness	2
Developmental Disability	0
Circulatory System	9
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	9
Other Medical Conditions	50
Non-Medical Conditions	0
TOTALS	110

Total Residents Diagnosed as Mentally Ill 85

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	117	120	110	10	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	117	120	110	10	120	120

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6884	15.7%	17098	39.0%	0	0	13069	0	37051	84.6%	84.6%
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	6884	15.7%	17098	39.0%	0	0	13069	0	37051	84.6%	84.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	13	24	0	0	0	0	0	0	13	24	37
85+	13	48	0	0	0	0	0	0	13	48	61
TOTALS	30	80	0	0	0	0	0	0	30	80	110

PEKIN MANOR
1520 EL CAMINO DRIVE
PEKIN, IL. 61554

Classification Numbers

License Number	6011712	
Health Service Area	002	
Planning Service Area	179	Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	50	0	0	40	0	110
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	50	0	0	40	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	110	0	0	0	110
Ethnicity Unknown	0	0	0	0	0
Total	110	0	0	0	110

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	20.00
Certified Aides	60.00
Other Health Staff	20.00
Non-Health Staff	20.00
Totals	134.00

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
38.3%	27.6%	2.8%	1.8%	29.4%	100.0%		
2,778,598	1,999,461	206,098	133,651	2,130,334	7,248,142	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PERSHING GARDENS HEALTHCARE CENTER
3900 SOUTH OAK PARK AVENUE
STICKNEY, IL. 60402

Reference Numbers Facility ID 6007355
Health Service Area 007 Planning Service Area 705

Administrator
Richard Taylor

Contact Person and Telephone
Richard Taylor
708-484-7543

Date Completed
4/1/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	40
Total Admissions 2013	39
Total Discharges 2013	38
Residents on 12/31/2013	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	2
Mental Illness	6
Developmental Disability	2
Circulatory System	10
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	41

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	51	51	42	51	41	10	0	51
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	51	51	42	51	41	10	0	51

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2181	0.0%	10152	54.5%	0	297	1303	0	13933	74.8%	74.8%
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	2181	0.0%	10152	54.5%	0	297	1303	0	13933	74.8%	74.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	6	3	0	0	0	0	0	0	6	3	9
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	3	3	0	0	0	0	0	0	3	3	6
85+	3	8	0	0	0	0	0	0	3	8	11
TOTALS	19	22	0	0	0	0	0	0	19	22	41

PERSHING GARDENS HEALTHCARE CENTER
3900 SOUTH OAK PARK AVENUE
STICKNEY, IL. 60402

Classification Numbers

License Number	6007355	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	26	0	9	3	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	26	0	9	3	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	209	169
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	4.00
Certified Aides	13.00
Other Health Staff	3.00
Non-Health Staff	11.00
Totals	40.00

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
48.6%	41.9%	0.0%	2.4%	7.1%	100.0%		
147,039,437	126,576,105	0	7,286,212	21,511,200	302,412,954	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Correction	1/6/2012	City location corrected from Berwyn to Stickney.
CHOW	1/6/2012	Change of ownership occurred.
Correction	1/6/2012	Record corrected to indicate facility location in Stickney, not Berwyn as previously indicated.
Name Change	1/6/2012	Name changed from Pershing Convalescent Center.

PERSHING TERRACE
460 PERSHING
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6013924
Health Service Area 011 Planning Service Area 119

Administrator
James Haney

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J.Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Building	Reported Age
Building 1 Pershing Terrace	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			1453	99.5%	0	0	0	0	1453	99.5%	99.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1453	99.5%	0	0	0	0	1453	99.5%	99.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	1	0	0	0	1	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	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	0	0	0	0	2	2	0	0	2	2	4

PERSHING TERRACE
460 PERSHING
WOOD RIVER, IL. 62095

Classification Numbers

License Number	6013924	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	210
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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	304,884	0	0	0	304,884	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PETERMAN HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6016604
Health Service Area 006 Planning Service Area 601

Administrator
Emily Tazic

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Date Completed
3/22/2014

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge ave.
Chicago, IL 60660

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Peterman House	3
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	12

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	12
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4380	#Div/0!	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	######	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	6	0	0	0	6	0	6
45 to 59	0	0	0	0	6	0	0	0	6	0	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	12	0	0	0	12	0	12

PETERMAN HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Classification Numbers

License Number	6016604	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.42
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	8.95
Other Health Staff	3.22
Non-Health Staff	0.15
Totals	13.28

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%	84.4%	15.4%	0.0%	0.3%	100.0%		
0	577,489	105,099	0	1,872	684,460	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PETERSON PARK HEALTH CARE CENTER
6141 NORTH PULASKI ROAD
CHICAGO, IL. 60646

Reference Numbers Facility ID 6007371
Health Service Area 006 Planning Service Area 601

Administrator
Alice Oshinski

Contact Person and Telephone
ALICE OSHINSKI
773-478-2000

Date Completed
3/17/2014

Registered Agent Information
MS Registered Agent Services
191 N Wacker Drive Ste 1800
Chicago, IL 60606

Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	173
Total Admissions 2013	30
Total Discharges 2013	35
Residents on 12/31/2013	168

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	22
Blood Disorders	8
*Nervous System Non Alzheimer	10
Alzheimer Disease	4
Mental Illness	21
Developmental Disability	3
Circulatory System	32
Respiratory System	19
Digestive System	10
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	26
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	168

Total Residents Diagnosed as Mentally Ill 21

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	188	188	180	188	168	20	92	188
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	188	188	180	188	168	20	92	188

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6828	20.3%	49250	71.8%	1527	7	5226	0	62838	91.6%	91.6%
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	6828	20.3%	49250	71.8%	1527	7	5226	0	62838	91.6%	91.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	21	13	0	0	0	0	0	0	21	13	34
75 to 84	21	39	0	0	0	0	0	0	21	39	60
85+	18	38	0	0	0	0	0	0	18	38	56
TOTALS	69	99	0	0	0	0	0	0	69	99	168

PETERSON PARK HEALTH CARE CENTER
6141 NORTH PULASKI ROAD
CHICAGO, IL. 60646

Classification Numbers

License Number	6007371	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	128	8	7	11	0	168
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	128	8	7	11	0	168

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	47	0	0	0	47
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	119	0	0	0	119
Race Unknown	0	0	0	0	0
Total	168	0	0	0	168

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	18	0	0	0	18
Non-Hispanic	150	0	0	0	150
Ethnicity Unknown	0	0	0	0	0
Total	168	0	0	0	168

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	3.00
Certified Aides	62.00
Other Health Staff	7.00
Non-Health Staff	49.00
Totals	150.00

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
29.6%	61.7%	1.8%	0.0%	6.9%	100.0%		
3,787,169	7,900,427	226,938	1,850	889,797	12,806,181	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PHOENIX COURT
17312 CLYDE AVENUE
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6012660
Health Service Area 007 Planning Service Area 705

Administrator
Anthony Pisterzi

Contact Person and Telephone
ANTHONY PISTERZI
708-359-6243

Date Completed
4/2/2014

Registered Agent Information

Building		Reported Age
Building 1	17312 Clyde AVE	24
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	2
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5482	93.9%	0	0	0	0	5482	93.9%	93.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5482	93.9%	0	0	0	0	5482	93.9%	93.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	2	0	0	3	2	5
45 to 59	0	0	0	0	2	4	0	0	2	4	6
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	7	0	0	7	7	14

PHOENIX COURT
17312 CLYDE AVENUE
SOUTH HOLLAND, IL. 60473

Classification Numbers

License Number	6012660	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	159
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	1.00
Certified Aides	0.00
Other Health Staff	1.00
Non-Health Staff	15.00
Totals	19.00

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
0.0%	82.2%	0.0%	0.0%	17.8%	100.0%		
0	715,541	0	0	154,873	870,414	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PHOENIX REHAB AND NURSING CTR
P.O. Box 133
CARMI, IL. 62821

Reference Numbers Facility ID 6016539
Health Service Area 005 Planning Service Area 193

Administrator
Lil Fortner

Contact Person and Telephone
Lil Fortner

Date Completed
4/4/2014

Registered Agent Information
Jay Walden,
202 E. North St.
Grayville, IL 62844

Building	Reported Age
Building 1 Brick	43
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	41
Total Admissions 2013	66
Total Discharges 2013	72
Residents on 12/31/2013	35

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
Mental Illness	1
Developmental Disability	0
Circulatory System	8
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	8
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	35

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	74	41	74	35	39	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	41	74	35	39	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2547	0.0%	4931	0.0%	0	0	4563	0	12041	44.6%	44.6%
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	2547	0.0%	4931	0.0%	0	0	4563	0	12041	44.6%	44.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	5	7	0	0	0	0	0	0	5	7	12
TOTALS	14	21	0	0	0	0	0	0	14	21	35

PHOENIX REHAB AND NURSING CTR
P.O. Box 133
CARMI, IL. 62821

Classification Numbers

License Number	6016539	
Health Service Area	005	
Planning Service Area	193	White

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	15	0	0	10	0	35
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	15	0	0	10	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	119
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	35	0	0	0	35

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	0	35
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	0	35

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	14.00
Other Health Staff	4.00
Non-Health Staff	16.00
Totals	47.00

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
46.5%	20.9%	0.0%	6.4%	26.2%	100.0%		
1,116,284	500,556	0	154,529	628,308	2,399,677	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PIASA MANOR
110 NORTH ALBY COURT
GODFREY, IL. 62035

Reference Numbers Facility ID 6000079
Health Service Area 011 Planning Service Area 119

Administrator
Dawn Blisset

Contact Person and Telephone
CAROL DODD
618-466-9242

Date Completed
4/3/2014

Registered Agent Information
CT CORPATION SYSTEM
208 South LaSalle Suite 814
Chicago, IL 60604

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	0
Total Discharges 2013	4
Residents on 12/31/2013	10

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	10
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	10

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	10	6		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	10	6	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4549	77.9%	0	0	0	0	4549	77.9%	77.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4549	77.9%	0	0	0	0	4549	77.9%	77.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	4	0	0	2	4	6
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	4	6	0	0	4	6	10

PIASA MANOR
110 NORTH ALBY COURT
GODFREY, IL. 62035

Classification Numbers

License Number	6000079	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		10	0	0	0	0	10
Sheltered Care			0	0	0	0	0
TOTALS	0	10	0	0	0	0	10

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	108
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	10	0	10

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	10	0	10
Ethnicity Unknown	0	0	0	0	0
Total	0	0	10	0	10

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.33
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.25
Certified Aides	0.00
Other Health Staff	10.60
Non-Health Staff	0.25
Totals	11.43

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	490,792	0	0	0	490,792	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PIATT COUNTY NURSING HOME
1111 N. STATE STREET
MONTICELLO, IL. 61856

Reference Numbers Facility ID 6007389
Health Service Area 004 Planning Service Area 147

Administrator
Gary Coulter

Contact Person and Telephone
Gary Coulter
217-762-2506

Date Completed
3/31/2014

Registered Agent Information

Building		Reported Age
Building 1	Piatt County Nursing Home	41
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	88
Total Admissions 2013	97
Total Discharges 2013	105
Residents on 12/31/2013	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	25
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	6
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	100	100	94	100	80	20	100	100
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	94	100	80	20	100	100

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2487	6.8%	12373	33.9%	0	0	16560	0	31420	86.1%	86.1%
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	2487	6.8%	12373	33.9%	0	0	16560	0	31420	86.1%	86.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	4	17	0	0	0	0	0	0	4	17	21
85+	9	43	0	0	0	0	0	0	9	43	52
TOTALS	16	64	0	0	0	0	0	0	16	64	80

PIATT COUNTY NURSING HOME
1111 N. STATE STREET
MONTICELLO, IL. 61856

Classification Numbers

License Number	6007389	
Health Service Area	004	
Planning Service Area	147	Piatt

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	31	0	0	43	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	31	0	0	43	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	207	178
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.48
LPN's	14.93
Certified Aides	54.29
Other Health Staff	7.12
Non-Health Staff	59.01
Totals	149.83

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
19.6%	23.8%	0.0%	0.0%	56.6%	100.0%		
1,148,349	1,395,386	0	0	3,323,089	5,866,824	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PINCKNEYVILLE HEALTHCARE CENTER
708 VIRGINIA COURT
PINCKNEYVILLE, IL. 62274

Reference Numbers Facility ID 6005441
Health Service Area 005 Planning Service Area 145

Administrator
JEFF MCDANIEL

Contact Person and Telephone
JEFF MCDANIEL
618-357-2493

Date Completed
5/14/2014

Registered Agent Information
ROBERT C RUSSELL
480 S. MEADOW BROOK
Springfield, IL 62707

Building		Reported Age
Building 1	NURSING HOME WING A & B	38
Building 2	NURSING HOME WING C	28
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	36
Total Admissions 2013	8
Total Discharges 2013	15
Residents on 12/31/2013	29

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	36

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	60	36	60	36	24	0	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	60	36	60	36	24	0	60

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	9431	43.1%	0	0	2338	0	11769	53.7%	53.7%
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	0	0.0%	9431	43.1%	0	0	2338	0	11769	53.7%	53.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	1	0	0	0	0	0	0	4	1	5
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	4	15	0	0	0	0	0	0	4	15	19
TOTALS	14	22	0	0	0	0	0	0	14	22	36

PINCKNEYVILLE HEALTHCARE CENTER
708 VIRGINIA COURT
PINCKNEYVILLE, IL. 62274

Classification Numbers

License Number	6005441	
Health Service Area	005	
Planning Service Area	145	Perry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	28	0	0	8	0	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	28	0	0	8	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	35	0	0	0	35
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	38.00

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
0.0%	79.6%	0.0%	0.0%	20.4%	100.0%		
0	1,051,273	0	0	268,870	1,320,143	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PINE ACRES REHAB & LIVING CENTER
1212 SOUTH SECOND STREET
DEKALB, IL. 60115

Reference Numbers Facility ID 6007413
Health Service Area 001 Planning Service Area 037

Administrator
DALENA KEMNA-KAHN

Contact Person and Telephone
DALENA KEMNA-KAHN
815-758-8151

Date Completed
3/18/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	14
Alzheimer Disease	31
Mental Illness	1
Developmental Disability	1
Circulatory System	14
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	north wing	48
Building 2	south wing	35
Building 3	monarch wing	26
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	95
Total Admissions 2013	156
Total Discharges 2013	162
Residents on 12/31/2013	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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	119	115	104	115	89	30	119	119
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	119	115	104	115	89	30	119	119

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5701	13.1%	18805	43.3%	0	0	10015	0	34521	79.5%	82.2%
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	5701	13.1%	18805	43.3%	0	0	10015	0	34521	79.5%	82.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	10	21	0	0	0	0	0	0	10	21	31
85+	12	34	0	0	0	0	0	0	12	34	46
TOTALS	27	62	0	0	0	0	0	0	27	62	89

PINE ACRES REHAB & LIVING CENTER
1212 SOUTH SECOND STREET
DEKALB, IL. 60115

Classification Numbers

License Number	6007413	
Health Service Area	001	
Planning Service Area	037	DeKalb

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	51	0	0	25	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	51	0	0	25	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	212	186
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.50
LPN's	5.50
Certified Aides	38.20
Other Health Staff	0.00
Non-Health Staff	40.80
Totals	100.00

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
43.4%	35.3%	0.0%	0.0%	21.3%	100.0%		
3,439,192	2,790,990	0	0	1,686,430	7,916,612	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PINE CREST HEALTH CARE
3300 WEST 175TH STREET
HAZEL CREST, IL. 60429

Reference Numbers Facility ID 6004741
Health Service Area 007 Planning Service Area 705

Administrator
ZINA WARD

Contact Person and Telephone
ZINA WARD
708-335-2400

Date Completed
4/3/2014

Registered Agent Information
Fran Meehan/Much shelist
191 N.Wacker Suite 800
Chicago, IL 60606

Continuing Care Retirement Community

Building		Reported Age
Building 1	PINE CREST HEALTH CARE	47
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	170
Total Admissions 2013	83
Total Discharges 2013	82
Residents on 12/31/2013	171

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	7
Mental Illness	69
Developmental Disability	10
Circulatory System	14
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	10
TOTALS	171

Total Residents Diagnosed as Mentally Ill 102

Total Residents Reported as Identified Offenders 23

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	199	198	183	198	171	28	199	199
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	199	198	183	198	171	28	199	199

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3356	4.6%	56598	77.9%	1435	28	6	0	61423	84.6%	85.0%
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	3356	4.6%	56598	77.9%	1435	28	6	0	61423	84.6%	85.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	1	0	0	0	0	0	0	2	1	3
45 to 59	22	28	0	0	0	0	0	0	22	28	50
60 to 64	14	24	0	0	0	0	0	0	14	24	38
65 to 74	28	17	0	0	0	0	0	0	28	17	45
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	2	10	0	0	0	0	0	0	2	10	12
TOTALS	75	96	0	0	0	0	0	0	75	96	171

PINE CREST HEALTH CARE
3300 WEST 175TH STREET
HAZEL CREST, IL. 60429

Classification Numbers

License Number	6004741	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	154	0	1	6	0	171
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	154	0	1	6	0	171

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	89	0	0	0	89
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	3	0	0	0	3
Total	171	0	0	0	171

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	158	0	0	0	158
Ethnicity Unknown	3	0	0	0	3
Total	171	0	0	0	171

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	20.00
Certified Aides	38.00
Other Health Staff	6.00
Non-Health Staff	42.00
Totals	112.00

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
8.8%	90.7%	0.0%	0.0%	0.4%	100.0%		
802,387	8,296,542	0	2,315	41,044	9,142,288	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PINE TERRACE
2017 PINE STREET
WAUKEGAN, IL. 60087

Reference Numbers Facility ID 6014740
Health Service Area 008 Planning Service Area 097

Administrator
Billie Callahan

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Pine Terrace	17
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5578	95.5%	0	0	0	0	5578	95.5%	95.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5578	95.5%	0	0	0	0	5578	95.5%	95.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	4	0	0	5	4	9
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	1	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	0	0	0	0	8	8	0	0	8	8	16

PINE TERRACE
2017 PINE STREET
WAUKEGAN, IL. 60087

Classification Numbers

License Number	6014740	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	134
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	754,942	0	0	0	754,942	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PINECREST MANOR
414 SOUTH WESLEY AVENUE
MOUNT MORRIS, IL. 61054

Reference Numbers Facility ID 6007447
Health Service Area 001 Planning Service Area 141

Administrator
Ferol Labash

Contact Person and Telephone
JOLENE LECLERE
815-734-4103

Date Completed
3/10/2014

Registered Agent Information

Continuing Care Retirement Community

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	107
Total Admissions 2013	179
Total Discharges 2013	173
Residents on 12/31/2013	113

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	43
Mental Illness	0
Developmental Disability	0
Circulatory System	34
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	113

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	125	125	118	125	113	12	71	139
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	125	125	118	125	113	12	71	139

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3447	13.3%	18711	36.9%	0	518	18371	0	41047	90.0%	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	3447	13.3%	18711	36.9%	0	518	18371	0	41047	90.0%	90.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	16	18	0	0	0	0	0	0	16	18	34
85+	14	58	0	0	0	0	0	0	14	58	72
TOTALS	33	80	0	0	0	0	0	0	33	80	113

PINECREST MANOR
414 SOUTH WESLEY AVENUE
MOUNT MORRIS, IL. 61054

Classification Numbers

License Number	6007447	
Health Service Area	001	
Planning Service Area	141	Ogle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	46	0	2	60	0	113
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	46	0	2	60	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	251	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	113	0	0	0	113
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	0	0	0	0	0
Total	113	0	0	0	113

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	4.00
Certified Aides	28.00
Other Health Staff	6.00
Non-Health Staff	61.00
Totals	111.00

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
24.7%	27.6%	0.0%	0.4%	47.3%	100.0%		
2,091,266	2,330,326	0	32,070	4,003,580	8,457,242	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PIPER CITY REHAB & LIVING CENTER
600 SOUTH MAPLE
PIPER CITY, IL. 60959

Reference Numbers Facility ID 6003792
Health Service Area 004 Planning Service Area 053

Administrator
Marikay Snyder

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/1/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Piper City Rehab & Living Cente	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	45
Total Admissions 2013	46
Total Discharges 2013	42
Residents on 12/31/2013	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	4
Developmental Disability	0
Circulatory System	23
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	60	60	60	49	49	11	60	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	60	60	49	49	11	60	60

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2038	9.3%	8907	40.7%	202	30	6746	0	17923	81.8%	81.8%
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	2038	9.3%	8907	40.7%	202	30	6746	0	17923	81.8%	81.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	6	14	0	0	0	0	0	0	6	14	20
TOTALS	15	34	0	0	0	0	0	0	15	34	49

PIPER CITY REHAB & LIVING CENTER
600 SOUTH MAPLE
PIPER CITY, IL. 60959

Classification Numbers

License Number	6003792	
Health Service Area	004	
Planning Service Area	053	Ford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	26	0	0	19	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	26	0	0	19	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	9.00
Certified Aides	17.00
Other Health Staff	23.00
Non-Health Staff	0.00
Totals	55.00

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
34.4%	37.4%	0.0%	0.4%	27.9%	100.0%		
1,121,500	1,219,252	0	11,933	909,880	3,262,565	8,211	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PITTSFIELD MANOR
610 LOWRY STREET
PITTSFIELD, IL. 62363

Reference Numbers Facility ID 6012470
Health Service Area 003 Planning Service Area 013

Administrator
Rubi Hoots

Contact Person and Telephone
Rubi Hoots
217-285-5200

Date Completed
3/31/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	64
Total Admissions 2013	60
Total Discharges 2013	49
Residents on 12/31/2013	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	11
Mental Illness	1
Developmental Disability	0
Circulatory System	7
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	6
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	89	89	66	89	55	34	89	89
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	89	89	66	89	55	34	89	89

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3351	10.3%	9932	30.6%	0	1799	6388	0	21470	66.1%	66.1%
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	3351	10.3%	9932	30.6%	0	1799	6388	0	21470	66.1%	66.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	8	28	0	0	0	0	0	0	8	28	36
TOTALS	15	40	0	0	0	0	0	0	15	40	55

PITTSFIELD MANOR
610 LOWRY STREET
PITTSFIELD, IL. 62363

Classification Numbers

License Number	6012470	
Health Service Area	003	
Planning Service Area	013	Calhoun/Pike

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	25	1	5	15	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	25	1	5	15	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	6.00
LPN's	9.00
Certified Aides	22.00
Other Health Staff	5.00
Non-Health Staff	18.00
Totals	63.00

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
34.0%	26.6%	0.0%	1.6%	37.8%	100.0%		
1,509,697	1,180,821	0	70,025	1,676,542	4,437,085	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PLAZA NURSING & REHAB CENTER
3249 WEST 147 STREET
MIDLOTHIAN, IL. 60445

Reference Numbers Facility ID 6001077
Health Service Area 007 Planning Service Area 705

Administrator
Bonzetta Williams

Contact Person and Telephone
Bonzetta Williams
708-389-3141

Date Completed
4/4/2014

Registered Agent Information
Frederick Frankel
8131 N. Monticello
Skokie, IL 60076

Building		Reported Age
Building 1	Plaza Nursing & Rehabilitation C	60
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	82
Total Admissions 2013	107
Total Discharges 2013	101
Residents on 12/31/2013	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	2
Mental Illness	43
Developmental Disability	1
Circulatory System	5
Respiratory System	3
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 43

Total Residents Reported as Identified Offenders 13

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	91	91	91	91	88	3	48	91
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	91	91	91	91	88	3	48	91

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2071	11.8%	25911	78.0%	0	99	37	0	28118	84.7%	84.7%
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	2071	11.8%	25911	78.0%	0	99	37	0	28118	84.7%	84.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	2	0	0	0	0	0	0	1	2	3
45 to 59	34	11	0	0	0	0	0	0	34	11	45
60 to 64	8	4	0	0	0	0	0	0	8	4	12
65 to 74	10	3	0	0	0	0	0	0	10	3	13
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	59	29	0	0	0	0	0	0	59	29	88

PLAZA NURSING & REHAB CENTER
3249 WEST 147 STREET
MIDLOTHIAN, IL. 60445

Classification Numbers

License Number	6001077	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	77	0	1	0	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	77	0	1	0	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	44	0	0	0	44
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	9.00
Certified Aides	14.00
Other Health Staff	3.00
Non-Health Staff	21.00
Totals	52.00

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
6.5%	92.5%	0.0%	0.2%	0.8%	100.0%		
273,147	3,870,794	0	8,270	32,390	4,184,601	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PLEASANT HILL HEALTHCARE
1010 WEST NORTH STREET
GIRARD, IL. 62640

Reference Numbers Facility ID 6007470
Health Service Area 003 Planning Service Area 117

Administrator
Paulette Miller

Contact Person and Telephone
DAWN SMITH
217-627-2181

Date Completed
5/21/2014

Registered Agent Information

Continuing Care Retirement Community

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	83
Total Admissions 2013	45
Total Discharges 2013	39
Residents on 12/31/2013	89

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	13
Mental Illness	1
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	75
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 24

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	92	91	92	89	9	0	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	92	91	92	89	9	0	98

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1510	0.0%	16145	45.1%	0	22	12259	0	29936	83.7%	89.1%
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	1510	0.0%	16145	45.1%	0	22	12259	0	29936	83.7%	89.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	6	24	0	0	0	0	0	0	6	24	30
85+	7	47	0	0	0	0	0	0	7	47	54
TOTALS	14	75	0	0	0	0	0	0	14	75	89

PLEASANT HILL HEALTHCARE
1010 WEST NORTH STREET
GIRARD, IL. 62640

Classification Numbers

License Number	6007470	
Health Service Area	003	
Planning Service Area	117	Macoupin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	40	0	1	37	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	40	0	1	37	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	176	121
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	89	0	0	0	89
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	12.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	77.00

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
24.5%	45.7%	0.0%	0.0%	29.8%	100.0%		
1,067,963	1,990,782	0	0	1,298,882	4,357,627	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PLEASANT MEADOWS SENIOR LIVING
400 W WASHINGTON AVE
CHRISMAN, IL. 61924

Reference Numbers Facility ID 6007488
Health Service Area 004 Planning Service Area 045

Administrator
Robert Vincent

Contact Person and Telephone
Robert Vincent

Date Completed
3/27/2014

Registered Agent Information
Sheridan Healthcare Services
2201 Main St.
Evanston, IL 60202

Continuing Care Retirement Community

Building		Reported Age
Building 1	Main building	0
Building 2	4 apartments	0
Building 3	12 residential apartments	0
Building 4	Alzheimer's wing	0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	103
Total Admissions 2013	10
Total Discharges 2013	12
Residents on 12/31/2013	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	21
Mental Illness	10
Developmental Disability	1
Circulatory System	44
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	101

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	109	109	103	109	101	8	109	95
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	109	109	103	109	101	8	109	95

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	211	0.5%	1499	4.3%	0	0	34	0	1744	4.4%	4.4%
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	211	0.5%	1499	4.3%	0	0	34	0	1744	4.4%	4.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	7	27	0	0	0	0	0	0	7	27	34
85+	12	41	0	0	0	0	0	0	12	41	53
TOTALS	24	77	0	0	0	0	0	0	24	77	101

PLEASANT MEADOWS SENIOR LIVING
400 W WASHINGTON AVE
CHRISMAN, IL. 61924

Classification Numbers

License Number	6007488	
Health Service Area	004	
Planning Service Area	045	Edgar

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	62	0	0	30	0	101
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	62	0	0	30	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	189	169
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	9.00
Certified Aides	37.00
Other Health Staff	1.00
Non-Health Staff	29.00
Totals	90.00

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
38.5%	46.1%	0.0%	0.0%	15.4%	100.0%		
88,928	106,488	0	0	35,562	230,978	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PLEASANT VIEW LUTHERAN HOME
505 COLLEGE AVENUE
OTTAWA, IL. 61350

Reference Numbers Facility ID 6007512
Health Service Area 002 Planning Service Area 099

Administrator
Becky Cattani

Contact Person and Telephone
CHUCK BABEC
815-587-1020

Date Completed
4/4/2014

Registered Agent Information

Continuing Care Retirement Community

Building	Reported Age
Building 1 Skilled Nursing	45
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	81
Total Admissions 2013	268
Total Discharges 2013	263
Residents on 12/31/2013	86

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	19
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	10
Other Medical Conditions	22
Non-Medical Conditions	2
TOTALS	86

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	90	87	90	86	4	90	24
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	90	87	90	86	4	90	24

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5638	17.2%	8141	92.9%	0	1278	14619	132	29808	90.7%	90.7%
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	5638	17.2%	8141	92.9%	0	1278	14619	132	29808	90.7%	90.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	4	17	0	0	0	0	0	0	4	17	21
85+	16	41	0	0	0	0	0	0	16	41	57
TOTALS	22	64	0	0	0	0	0	0	22	64	86

PLEASANT VIEW LUTHERAN HOME
505 COLLEGE AVENUE
OTTAWA, IL. 61350

Classification Numbers

License Number	6007512	
Health Service Area	002	
Planning Service Area	099	LaSalle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	21	0	3	43	0	86
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	21	0	3	43	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	6.00
Certified Aides	38.00
Other Health Staff	5.00
Non-Health Staff	48.00
Totals	109.00

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
30.9%	15.8%	0.0%	4.1%	49.2%	100.0%		
2,759,483	1,407,130	0	365,041	4,385,457	8,917,111	29,043	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PLEASANT VIEW REHAB & HEALTHCARE CENTE
500 NORTH JACKSON STREET
MORRISON, IL. 61270

Reference Numbers Facility ID 6007504
Health Service Area 001 Planning Service Area 195

Administrator
Jeff Petersen

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/27/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Pleasant View Rehab & Health	41
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	52
Total Admissions 2013	52
Total Discharges 2013	52
Residents on 12/31/2013	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	20
Mental Illness	1
Developmental Disability	1
Circulatory System	4
Respiratory System	0
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	74	74	74	52	22	74	74
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	74	74	52	22	74	74

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1747	6.5%	9598	35.5%	744	161	7392	0	19642	72.7%	72.7%
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	1747	6.5%	9598	35.5%	744	161	7392	0	19642	72.7%	72.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	6	15	0	0	0	0	0	0	6	15	21
85+	4	12	0	0	0	0	0	0	4	12	16
TOTALS	18	34	0	0	0	0	0	0	18	34	52

PLEASANT VIEW REHAB & HEALTHCARE CENTE
500 NORTH JACKSON STREET
MORRISON, IL. 61270

Classification Numbers

License Number	6007504	
Health Service Area	001	
Planning Service Area	195	Whiteside

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	26	2	1	20	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	26	2	1	20	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	15.00
Totals	40.00

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
27.5%	38.6%	0.0%	1.1%	32.7%	100.0%		
896,478	1,257,226	0	36,723	1,063,747	3,254,174	3,222	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PLONKA TERRACE
184 MAPLE AVENUE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6012884
Health Service Area 002 Planning Service Area 095

Administrator
Tiffany Lair

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Building	Reported Age
Building 1 Plonka Terrace	22
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4343	74.4%	0	0	0	0	4343	74.4%	74.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4343	74.4%	0	0	0	0	4343	74.4%	74.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	5	0	0	4	5	9
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	8	8	0	0	8	8	16

PLONKA TERRACE
184 MAPLE AVENUE
GALESBURG, IL. 61401

Classification Numbers

License Number	6012884	
Health Service Area	002	
Planning Service Area	095	Knox

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	121
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	1	0	1
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	689,361	0	0	0	689,361	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PLUM GROVE NURSING & REHAB CENTER
24 SOUTH PLUM GROVE ROAD
PALATINE, IL. 60067

Reference Numbers Facility ID 6007520
Health Service Area 007 Planning Service Area 701

Administrator
SHELLEY MARTINEZ

Contact Person and Telephone
SHELLEY MARTINEZ
847-358-0311

Date Completed
4/3/2014

Registered Agent Information
Fred Frankel
8131 N Monticello
Skokie, IL 60076

Building	Reported Age
Building 1 Skilled Nursing Home	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	61
Total Admissions 2013	68
Total Discharges 2013	77
Residents on 12/31/2013	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	69	67	67	67	61	8	5	69
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	69	67	67	67	61	8	5	69

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2418	132.5%	13877	55.1%	1648	0	3115	0	21058	83.6%	86.1%
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	2418	132.5%	13877	55.1%	1648	0	3115	0	21058	83.6%	86.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	4	30	0	0	0	0	0	0	4	30	34
TOTALS	12	49	0	0	0	0	0	0	12	49	61

PLUM GROVE NURSING & REHAB CENTER
24 SOUTH PLUM GROVE ROAD
PALATINE, IL. 60067

Classification Numbers

License Number	6007520	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	35	6	0	15	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	35	6	0	15	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	17.00
Totals	47.00

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
8.8%	66.1%	7.5%	0.0%	17.5%	100.0%		
329,247	2,466,720	281,184	0	653,518	3,730,669	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PLYMOUTH PLACE
315 NORTH LAGRANGE ROAD
LAGRANGE PARK, IL. 60526

Reference Numbers Facility ID 6016265
Health Service Area 007 Planning Service Area 705

Administrator
Nancy VanDrunen

Contact Person and Telephone
DALE T. LILBURN
708-482-6668

Date Completed
3/28/2014

Registered Agent Information
Dale Lilburn
648 Citadel Dr.

Life Care Facility

Building	Reported Age
Building 1 Landing	6
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	75
Total Admissions 2013	462
Total Discharges 2013	465
Residents on 12/31/2013	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	49
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	86	86	83	86	72	14	86	2
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	86	86	83	86	72	14	86	2

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12193	38.8%	0	0.0%	0	472	13947	1	26613	84.8%	84.8%
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	12193	38.8%	0	0.0%	0	472	13947	1	26613	84.8%	84.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	13	39	0	0	0	0	0	0	13	39	52
TOTALS	18	54	0	0	0	0	0	0	18	54	72

PLYMOUTH PLACE
315 NORTH LAGRANGE ROAD
LAGRANGE PARK, IL. 60526

Classification Numbers

License Number	6016265	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	0	0	0	41	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	0	0	0	41	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	337	277
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.50
LPN's	3.50
Certified Aides	38.60
Other Health Staff	0.00
Non-Health Staff	24.65
Totals	84.25

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
50.2%	0.0%	0.0%	15.5%	34.2%	100.0%		
6,226,000	0	0	1,928,000	4,246,250	12,400,250	398,618	3.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

POLK HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6012330
Health Service Area 006 Planning Service Area 601

Administrator
Joseph Ferrara

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Date Completed
3/22/2014

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Mazza House	31
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	2
Total Discharges 2013	2
Residents on 12/31/2013	12

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4344	99.2%	0	0	0	0	4344	99.2%	99.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4344	99.2%	0	0	0	0	4344	99.2%	99.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	12	0	0	0	12	0	12
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	12	0	0	0	12	0	12

POLK HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Classification Numbers

License Number	6012330	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	7.02
Other Health Staff	2.45
Non-Health Staff	0.33
Totals	10.20

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
0.0%	87.5%	12.2%	0.0%	0.3%	100.0%		
0	567,719	79,195	0	2,177	649,091	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

POLO REHAB & HEALTHCARE
703 EAST BUFFALO
POLO, IL. 61064

Reference Numbers Facility ID 6007546
Health Service Area 001 Planning Service Area 141

Administrator
Rhonda Biller

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/1/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Polo RHCC/Nursing Home	43
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	52
Total Admissions 2013	106
Total Discharges 2013	103
Residents on 12/31/2013	55

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	2
Circulatory System	10
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	81	81	58	81	55	26	81	81
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	81	81	58	81	55	26	81	81

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1808	6.1%	10996	37.2%	610	90	5471	0	18975	64.2%	64.2%
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	1808	6.1%	10996	37.2%	610	90	5471	0	18975	64.2%	64.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	6	18	0	0	0	0	0	0	6	18	24
TOTALS	17	38	0	0	0	0	0	0	17	38	55

POLO REHAB & HEALTHCARE
703 EAST BUFFALO
POLO, IL. 61064

Classification Numbers

License Number	6007546	
Health Service Area	001	
Planning Service Area	141	Ogle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	33	0	0	15	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	33	0	0	15	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	20.00
Other Health Staff	19.00
Non-Health Staff	0.00
Totals	55.00

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
26.2%	46.7%	0.0%	0.6%	26.5%	100.0%		
850,594	1,516,116	0	20,225	859,170	3,246,105	148	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

POPE COUNTY CARE CENTER
216 ROSALIE STREET BOX 488
GOLCONDA, IL. 62938

Reference Numbers Facility ID 6007553
Health Service Area 005 Planning Service Area 069

Administrator
ALAN L. ROBBS

Contact Person and Telephone
Stephani McCaughan
618-549-8331

Date Completed
3/20/2014

Registered Agent Information
ALAN L. ROBBS
216 E ROSALIE STREET P. O. BOX 488
Golconda, IL 62938

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	5
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	1
Circulatory System	2
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	27

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	POPE COUNTY CARE CENTE	40
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	29
Total Admissions 2013	10
Total Discharges 2013	12
Residents on 12/31/2013	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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	51	51	29	51	27	24	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	51	51	29	51	27	24	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	569	0.0%	6112	0.0%	0	0	3448	0	10129	54.4%	54.4%
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	569	0.0%	6112	0.0%	0	0	3448	0	10129	54.4%	54.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	4	2	0	0	0	0	0	0	4	2	6
85+	1	12	0	0	0	0	0	0	1	12	13
TOTALS	7	20	0	0	0	0	0	0	7	20	27

POPE COUNTY CARE CENTER
216 ROSALIE STREET BOX 488
GOLCONDA, IL. 62938

Classification Numbers

License Number	6007553	
Health Service Area	005	
Planning Service Area	069	Hardin/Pope

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	16	0	0	10	0	27
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	16	0	0	10	0	27

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	109
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	26	0	0	0	26
Race Unknown	0	0	0	0	0
Total	27	0	0	0	27

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	27	0	0	0	27
Ethnicity Unknown	0	0	0	0	0
Total	27	0	0	0	27

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	4.00
Certified Aides	11.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	31.00

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
11.3%	52.8%	0.0%	0.0%	35.9%	100.0%		
124,873	585,336	0	0	398,551	1,108,760	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRAIRIE CITY REHAB & HEALTH CARE
825 E. MAIN
PRAIRIE CITY, IL. 61470

Reference Numbers Facility ID 6007561
Health Service Area 002 Planning Service Area 109

Administrator
Jason Stewart

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/27/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Prairie City Rehab & Health Car	54
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	24
Total Admissions 2013	55
Total Discharges 2013	53
Residents on 12/31/2013	26

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	7
Mental Illness	4
Developmental Disability	0
Circulatory System	7
Respiratory System	4
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	26

Total Residents Diagnosed as Mentally Ill 19

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	47	47	28	47	26	21	47	47
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	47	47	28	47	26	21	47	47

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	562	3.3%	4511	26.3%	184	92	2898	0	8247	48.1%	48.1%
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	562	3.3%	4511	26.3%	184	92	2898	0	8247	48.1%	48.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	11	15	0	0	0	0	0	0	11	15	26

PRAIRIE CITY REHAB & HEALTH CARE
825 E. MAIN
PRAIRIE CITY, IL. 61470

Classification Numbers

License Number	6007561	
Health Service Area	002	
Planning Service Area	109	McDonough

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	16	0	0	8	0	26
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	16	0	0	8	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	108
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	25	0	0	0	25
Race Unknown	0	0	0	0	0
Total	26	0	0	0	26

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	26	0	0	0	26
Ethnicity Unknown	0	0	0	0	0
Total	26	0	0	0	26

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	4.00
Certified Aides	10.00
Other Health Staff	1.00
Non-Health Staff	14.00
Totals	33.00

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
23.4%	45.1%	0.0%	2.1%	29.4%	100.0%		
262,327	505,614	0	23,662	330,401	1,122,004	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRAIRIE CROSSING LIVING & REHAB
409 WEST COMANCHE STREET
SHABBONA, IL. 60550

Reference Numbers Facility ID 6008502
Health Service Area 001 Planning Service Area 037

Administrator
KARI WAGNER

Contact Person and Telephone
Cheryl Carl
847-982-2300

Date Completed
4/3/2014

Registered Agent Information
MOSHE HERMAN
7434 SKOKIE BLVD
Skokie, IL 60077

Life Care Facility

Building	Reported Age
Building 1 PRAIRIE CROSSING LIVING &	7
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	63
Total Admissions 2013	47
Total Discharges 2013	49
Residents on 12/31/2013	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	9
Developmental Disability	0
Circulatory System	11
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	91	91	65	91	61	30	91	91
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	91	91	65	91	61	30	91	91

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1352	4.1%	16694	50.3%	0	0	3149	0	21195	63.8%	63.8%
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	1352	4.1%	16694	50.3%	0	0	3149	0	21195	63.8%	63.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	3	21	0	0	0	0	0	0	3	21	24
TOTALS	17	44	0	0	0	0	0	0	17	44	61

PRAIRIE CROSSING LIVING & REHAB
409 WEST COMANCHE STREET
SHABBONA, IL. 60550

Classification Numbers

License Number	6008502	
Health Service Area	001	
Planning Service Area	037	DeKalb

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	45	0	0	13	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	45	0	0	13	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	31.00
Totals	69.00

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
18.4%	67.4%	0.0%	0.0%	14.2%	100.0%		
642,587	2,358,371	0	0	498,330	3,499,288	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	12/1/2012	Change of Ownership occurred.
Name Change	12/5/2012	Formerly Shabbona Healthcare Center.

PRAIRIE HOUSE
1770 SAUK TRAIL
SAUK VILLAGE, IL. 60411

Reference Numbers Facility ID 6011951
Health Service Area 007 Planning Service Area 705

Administrator
Bobbie Camacho

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Prairie House	24
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	13
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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	13

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	13	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	13	16	13	3	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4745	81.3%	0	0	0	0	4745	81.3%	81.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4745	81.3%	0	0	0	0	4745	81.3%	81.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	3	0	0	2	3	5
45 to 59	0	0	0	0	3	1	0	0	3	1	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	0	2	0	0	0	2	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	7	0	0	6	7	13

PRAIRIE HOUSE
1770 SAUK TRAIL
SAUK VILLAGE, IL. 60411

Classification Numbers

License Number	6011951	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	141
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pacific Isl.	0	0	7	0	7
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	677,617	0	0	0	677,617	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRAIRIE MANOR NURSING & REHAB
345 DIXIE HIGHWAY
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6011746
Health Service Area 007 Planning Service Area 705

Administrator
MaryRose Stucker

Contact Person and Telephone
Darcie Melia
708-754-7601

Date Completed
3/5/2014

Registered Agent Information
David Aronin
2201 West Main Street
Evanston, IL 60202

Building		Reported Age
Building 1	Prairie Manor Nursing & Rehab	26
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	122
Total Admissions 2013	206
Total Discharges 2013	200
Residents on 12/31/2013	128

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	3
*Nervous System Non Alzheimer	10
Alzheimer Disease	2
Mental Illness	6
Developmental Disability	0
Circulatory System	34
Respiratory System	16
Digestive System	11
Genitourinary System Disorders	22
Skin Disorders	5
Musculo-skeletal Disorders	3
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	128

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	148	148	148	148	128	20	148	148
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	148	148	148	148	128	20	148	148

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13367	24.7%	29131	53.9%	0	186	5387	0	48071	89.0%	89.0%
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	13367	24.7%	29131	53.9%	0	186	5387	0	48071	89.0%	89.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	5	12	0	0	0	0	0	0	5	12	17
75 to 84	14	29	0	0	0	0	0	0	14	29	43
85+	15	51	0	0	0	0	0	0	15	51	66
TOTALS	34	94	0	0	0	0	0	0	34	94	128

PRAIRIE MANOR NURSING & REHAB
345 DIXIE HIGHWAY
CHICAGO HEIGHTS, IL. 60411

Classification Numbers

License Number	6011746	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	47	70	0	0	11	0	128
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	47	70	0	0	11	0	128

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	44	0	0	0	44
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	6	0	0	0	6
Total	128	0	0	0	128

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	122	0	0	0	122
Ethnicity Unknown	0	0	0	0	0
Total	128	0	0	0	128

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	22.00
Certified Aides	69.00
Other Health Staff	11.00
Non-Health Staff	46.00
Totals	162.00

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
46.9%	44.4%	0.0%	1.5%	7.2%	100.0%		
4,875,114	4,622,576	0	160,050	744,399	10,402,139	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRAIRIE ROSE HEALTHCARE CENTER
900 SOUTH CHESTNUT STREET
PANA, IL. 62557

Reference Numbers Facility ID 6007082
Health Service Area 003 Planning Service Area 021

Administrator
Laura Morrell

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/27/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Prairie Rose Health Care Center	39
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	68
Total Admissions 2013	47
Total Discharges 2013	56
Residents on 12/31/2013	59

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	27
Mental Illness	7
Developmental Disability	4
Circulatory System	5
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 22

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	105	100	70	100	59	46	105	105
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	105	100	70	100	59	46	105	105

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1737	4.5%	14593	38.1%	337	73	5419	0	22159	57.8%	60.7%
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	1737	4.5%	14593	38.1%	337	73	5419	0	22159	57.8%	60.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	2	0	0	0	0	0	0	1	2	3
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	3	10	0	0	0	0	0	0	3	10	13
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	2	20	0	0	0	0	0	0	2	20	22
TOTALS	13	46	0	0	0	0	0	0	13	46	59

PRAIRIE ROSE HEALTHCARE CENTER
900 SOUTH CHESTNUT STREET
PANA, IL. 62557

Classification Numbers

License Number	6007082	
Health Service Area	003	
Planning Service Area	021	Christian

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	42	1	0	12	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	42	1	0	12	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	9.00
Certified Aides	29.00
Other Health Staff	4.00
Non-Health Staff	22.00
Totals	69.00

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
24.3%	54.3%	0.8%	0.0%	20.6%	100.0%		
874,657	1,952,761	29,552	0	742,475	3,599,445	299	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRAIRIE VIEW CARE CENTER - LEWISTOWN
175 EAST SYCAMORE DRIVE
LEWISTOWN, IL. 61542

Reference Numbers Facility ID 6001812
Health Service Area 002 Planning Service Area 057

Administrator
Amy Anderson

Contact Person and Telephone
Amy Anderson
309-547-2267

Date Completed
3/10/2014

Registered Agent Information
Stephen Sher
5750 Old Orchard, Suite 420
Skokie, IL 60077

Building	Reported Age
Building 1 Prairie View Care Center	47
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	47
Total Admissions 2013	59
Total Discharges 2013	47
Residents on 12/31/2013	59

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	5
Mental Illness	31
Developmental Disability	2
Circulatory System	5
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 31

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	88	61	88	59	40	50	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	88	61	88	59	40	50	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3537	19.4%	31221	86.4%	0	28	2432	0	37218	103.0%	115.9%
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	3537	19.4%	31221	86.4%	0	28	2432	0	37218	103.0%	115.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	1	0	0	0	0	0	0	4	1	5
45 to 59	12	6	0	0	0	0	0	0	12	6	18
60 to 64	4	0	0	0	0	0	0	0	4	0	4
65 to 74	8	3	0	0	0	0	0	0	8	3	11
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	2	10	0	0	0	0	0	0	2	10	12
TOTALS	32	27	0	0	0	0	0	0	32	27	59

PRAIRIE VIEW CARE CENTER - LEWISTOWN
175 EAST SYCAMORE DRIVE
LEWISTOWN, IL. 61542

Classification Numbers

License Number	6001812	
Health Service Area	002	
Planning Service Area	057	Fulton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	51	0	1	7	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	51	0	1	7	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	136
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.00
Certified Aides	19.00
Other Health Staff	2.00
Non-Health Staff	19.00
Totals	56.00

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
6.2%	77.8%	6.0%	0.7%	9.4%	100.0%		
175,746	2,191,380	168,945	18,320	263,995	2,818,386	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRAIRIE VILLAGE HEALTHCARE CENTER
1024 WEST WALNUT
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6006027
Health Service Area 003 Planning Service Area 137

Administrator
kelly rothering

Contact Person and Telephone
kelly rothering
217-245-5775

Date Completed
4/3/2014

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Life Care Facility

Building		Reported Age
Building 1	Prairie Village Health Care Cent	55
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	62
Total Admissions 2013	174
Total Discharges 2013	171
Residents on 12/31/2013	65

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	2
Circulatory System	17
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	3
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	65

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	126	126	69	126	65	61	53	126
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	126	126	69	126	65	61	53	126

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2803	14.5%	19104	41.5%	0	0	948	0	22855	49.7%	49.7%
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	2803	14.5%	19104	41.5%	0	0	948	0	22855	49.7%	49.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	1	0	0	0	0	0	0	1	1	2
45 to 59	6	8	0	0	0	0	0	0	6	8	14
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	9	11	0	0	0	0	0	0	9	11	20
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	27	38	0	0	0	0	0	0	27	38	65

PRAIRIE VILLAGE HEALTHCARE CENTER
1024 WEST WALNUT
JACKSONVILLE, IL. 62650

Classification Numbers

License Number	6006027	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	53	3	0	2	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	53	3	0	2	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	11.00
Certified Aides	24.00
Other Health Staff	2.00
Non-Health Staff	13.00
Totals	55.00

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
26.4%	70.0%	0.0%	0.0%	3.6%	100.0%		
939,545	2,491,479	0	0	126,576	3,557,600	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRAIRIEVIEW AT THE GARLANDS
6000 GARLANDS LANE
BARRINGTON, IL. 60010

Reference Numbers Facility ID 6016158
Health Service Area 008 Planning Service Area 097

Administrator
Kathryn Berg

Contact Person and Telephone
Kathryn Berg
847-756-3106

Date Completed
3/6/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	9
Total Admissions 2013	70
Total Discharges 2013	72
Residents on 12/31/2013	7

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	2
TOTALS	7

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	20	20	12	20	7	13	20	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	20	20	12	20	7	13	20	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	779	10.7%	0	0.0%	0	0	2794	0	3573	48.9%	48.9%
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	779	10.7%	0	0.0%	0	0	2794	0	3573	48.9%	48.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	3	2	0	0	0	0	0	0	3	2	5
TOTALS	4	3	0	0	0	0	0	0	4	3	7

PRAIRIEVIEW AT THE GARLANDS
6000 GARLANDS LANE
BARRINGTON, IL. 60010

Classification Numbers

License Number	6016158	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	0	0	0	4	0	7
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	0	0	0	4	0	7

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	373	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	7	0	0	0	7
Race Unknown	0	0	0	0	0
Total	7	0	0	0	7

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	7	0	0	0	7
Ethnicity Unknown	0	0	0	0	0
Total	7	0	0	0	7

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	0.00
Certified Aides	15.00
Other Health Staff	8.00
Non-Health Staff	0.00
Totals	33.00

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
30.9%	0.0%	0.0%	0.0%	69.1%	100.0%		
369,307	0	0	0	826,607	1,195,914	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRAIRIEVIEW LUTHERAN HOME
403 NORTH 4TH STREET
DANFORTH, IL. 60930

Reference Numbers Facility ID 6007595
Health Service Area 004 Planning Service Area 075

Administrator
JoMarie Silver

Contact Person and Telephone
Jo Marie Silver
815-269-2970

Date Completed
4/3/2014

Registered Agent Information
JoMarie Silver
Corner of North and 4th PO box 4
Danforth, IL 60930

Continuing Care Retirement Community

Building		Reported Age
Building 1	Prairiview Lutheran Home	40
Building 2	Luther Place	30
Building 3	Faith Place	16
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	85
Total Admissions 2013	55
Total Discharges 2013	54
Residents on 12/31/2013	86

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	30
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	2
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	86

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	90	90	90	86	4	20	27
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	90	90	90	86	4	20	27

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1523	20.9%	5085	51.6%	0	97	24624	0	31329	95.4%	95.4%
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	1523	20.9%	5085	51.6%	0	97	24624	0	31329	95.4%	95.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	5	17	0	0	0	0	0	0	5	17	22
85+	13	47	0	0	0	0	0	0	13	47	60
TOTALS	20	66	0	0	0	0	0	0	20	66	86

PRAIRIEVIEW LUTHERAN HOME
403 NORTH 4TH STREET
DANFORTH, IL. 60930

Classification Numbers

License Number	6007595	
Health Service Area	004	
Planning Service Area	075	Iroquois

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	12	0	1	70	0	86
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	12	0	1	70	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	194	187
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	11.00
Certified Aides	37.00
Other Health Staff	0.00
Non-Health Staff	52.00
Totals	112.00

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
13.5%	9.7%	0.0%	0.7%	76.2%	100.0%		
921,427	660,875	0	46,566	5,209,866	6,838,734	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRESENCE A MERKLE-C KNIPPRATH NH
1190 E. 2900 NORTH ROAD
CLIFTON, IL. 60927

Reference Numbers Facility ID 6000012
Health Service Area 004 Planning Service Area 075

Administrator
Karen Grillion

Contact Person and Telephone
Karen Grillion
815-694-2306

Date Completed
4/4/2014

Registered Agent Information
Gail Lane
9223 West Saint Francis Road
Frankfort, IL 60423

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	42
Total Admissions 2013	48
Total Discharges 2013	41
Residents on 12/31/2013	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	24
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	49	99	47	52	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	49	99	47	52	99	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1817	5.0%	8387	23.2%	0	0	6171	0	16375	45.3%	45.3%
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	1817	5.0%	8387	23.2%	0	0	6171	0	16375	45.3%	45.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	9	25	0	0	0	0	0	0	9	25	34
TOTALS	14	33	0	0	0	0	0	0	14	33	47

PRESENCE A MERKLE-C KNIPPRATH NH
1190 E. 2900 NORTH ROAD
CLIFTON, IL. 60927

Classification Numbers

License Number	6000012	
Health Service Area	004	
Planning Service Area	075	Iroquois

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	20	0	0	22	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	20	0	0	22	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	47	0	0	0	47
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	8.00
Certified Aides	28.00
Other Health Staff	3.00
Non-Health Staff	28.00
Totals	75.00

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
29.8%	31.7%	0.0%	0.0%	38.5%	100.0%		
931,670	992,362	0	0	1,206,283	3,130,315	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRESENCE BALLARD NURSING CENTER
9300 BALLARD ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6000640
Health Service Area 007 Planning Service Area 702

Administrator
Venus Perez

Contact Person and Telephone
Venus Perez
847-294-2324

Date Completed
3/30/2014

Registered Agent Information
Michael McConnell
1127 N. Oakley, Suite 268
Chicago, IL 60622

Building	Reported Age
Building 1 9300 West Ballard Roac	37
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	126
Total Admissions 2013	691
Total Discharges 2013	701
Residents on 12/31/2013	116

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	3
Circulatory System	7
Respiratory System	47
Digestive System	5
Genitourinary System Disorders	9
Skin Disorders	3
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	116

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	231	181	149	181	116	115	231	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	231	181	149	181	116	115	231	98

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13109	15.5%	27156	75.9%	0	4394	5262	0	49921	59.2%	75.6%
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	13109	15.5%	27156	75.9%	0	4394	5262	0	49921	59.2%	75.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	0	0	0	0	0	0	0	7	0	7
45 to 59	14	7	0	0	0	0	0	0	14	7	21
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	19	12	0	0	0	0	0	0	19	12	31
75 to 84	9	18	0	0	0	0	0	0	9	18	27
85+	3	17	0	0	0	0	0	0	3	17	20
TOTALS	56	60	0	0	0	0	0	0	56	60	116

PRESENCE BALLARD NURSING CENTER
9300 BALLARD ROAD
DES PLAINES, IL. 60016

Classification Numbers

License Number	6000640	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	68	0	10	9	6	116
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	68	0	10	9	6	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	312	242
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	9	0	0	0	9
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	12	0	0	0	12
White	0	0	0	0	0
Race Unknown	95	0	0	0	95
Total	116	0	0	0	116

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	20	0	0	0	20
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	116	0	0	0	116

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	42.00
LPN's	4.00
Certified Aides	47.60
Other Health Staff	28.60
Non-Health Staff	42.60
Totals	168.80

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
50.7%	53.1%	0.0%	2.2%	0.0%	106.0%		
1,409,806	1,475,733	0	61,726	-166,499	2,780,766	658,893	23.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Ballard Nursing Center.

PRESENCE COR MARIAE CENTER
3330 MARIA LINDEN DRIVE
ROCKFORD, IL. 61114

Reference Numbers Facility ID 6005771
Health Service Area 001 Planning Service Area 201

Administrator
Teresa Wester-Peters

Contact Person and Telephone
Sandra Fuller
815-986-7528

Date Completed
4/1/2014

Registered Agent Information
Gail Lane
9223 West St, Frances Road
Frankfurt, IL 60423

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	117
Total Admissions 2013	231
Total Discharges 2013	251
Residents on 12/31/2013	97

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	3
Circulatory System	12
Respiratory System	8
Digestive System	12
Genitourinary System Disorders	9
Skin Disorders	8
Musculo-skeletal Disorders	0
Injuries and Poisonings	24
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	97

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	73	73	59	73	59	14	73	16
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	61	61	38	61	38	23		
TOTAL BEDS	134	134	97	134	97	37	73	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10585	39.7%	5840	######	0	0	5110	0	21535	80.8%	80.8%
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	13870	0	13870	62.3%	62.3%
TOTALS	10585	39.7%	5840	######	0	0	18980	0	35405	72.4%	72.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	5	0	0	0	0	2	0	6	5	11
75 to 84	5	3	0	0	0	0	3	2	8	5	13
85+	16	26	0	0	0	0	10	21	26	47	73
TOTALS	25	34	0	0	0	0	15	23	40	57	97

PRESENCE COR MARIAE CENTER
3330 MARIA LINDEN DRIVE
ROCKFORD, IL. 61114

Classification Numbers

License Number	6005771	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	16	0	0	14	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	38	0	38
TOTALS	29	16	0	0	52	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	273	233
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	1	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	37	95
Race Unknown	0	0	0	0	0
Total	59	0	0	38	97

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	57	0	0	38	95
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	38	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.75
LPN's	14.75
Certified Aides	47.50
Other Health Staff	4.75
Non-Health Staff	39.50
Totals	126.25

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
23.2%	7.5%	0.0%	7.6%	61.7%	100.0%		
1,809,819	584,347	0	590,614	4,801,836	7,786,616	9,875	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Provena Cor Mariae Center.

PRESENCE HEALTH ST. ELIZABETH HOSPITAL
1431 NORTH CLAREMONT AVENUE
CHICAGO, IL. 60622

Reference Numbers Facility ID 6010730
Health Service Area 006 Planning Service Area 602

Administrator
Christina Gardiner

Contact Person and Telephone
Christina Gardiner
312-633-5896

Date Completed
4/4/2014

Registered Agent Information
Sandra Bruce
200 South Wacker Drive
Chicago, IL 60606

Building	Reported Age
Building 1 Saint Elizabeth	84
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	13
Total Admissions 2013	357
Total Discharges 2013	353
Residents on 12/31/2013	17

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	17

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	28	25	24	25	17	11	28	28
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	28	25	24	25	17	11	28	28

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4275	41.8%	65	0.6%	0	789	1	0	5130	50.2%	56.2%
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	4275	41.8%	65	0.6%	0	789	1	0	5130	50.2%	56.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	8	9	0	0	0	0	0	0	8	9	17

PRESENCE HEALTH ST. ELIZABETH HOSPITAL
1431 NORTH CLAREMONT AVENUE
CHICAGO, IL. 60622

Classification Numbers

License Number	6010730	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	0	0	4	0	0	17
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	0	0	4	0	0	17

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	861	784
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	12	0	0	0	12
Race Unknown	2	0	0	0	2
Total	17	0	0	0	17

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	12	0	0	0	12
Ethnicity Unknown	1	0	0	0	1
Total	17	0	0	0	17

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.37
LPN's	4.38
Certified Aides	7.21
Other Health Staff	0.50
Non-Health Staff	1.20
Totals	26.66

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%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRESENCE HERITAGE VILLAGE
901 NORTH ENTRANCE
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6004246
Health Service Area 009 Planning Service Area 091

Administrator
Carol McIntyre

Contact Person and Telephone
Carol McIntyre
815-939-4506

Date Completed
4/3/2013

Registered Agent Information
Gail Lane
9223 W Saint Francis Rd
Frankfort, IL 60423

Building	Reported Age
Building 1 Heritage Village	44
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	75
Total Admissions 2013	141
Total Discharges 2013	157
Residents on 12/31/2013	59

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	43
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	51	51	51	51	32	19	51	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	79	36	36	36	27	52		
TOTAL BEDS	130	87	87	87	59	71	51	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7196	38.7%	0	0.0%	0	987	4484	0	12667	68.0%	68.0%
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	10136	0	10136	35.2%	77.1%
TOTALS	7196	38.7%	0	0.0%	0	987	14620	0	22803	48.1%	71.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	2	0	0	0	0	0	1	2	3	5
75 to 84	3	2	0	0	0	0	0	0	3	2	5
85+	6	16	0	0	0	0	3	23	9	39	48
TOTALS	11	21	0	0	0	0	3	24	14	45	59

PRESENCE HERITAGE VILLAGE
901 NORTH ENTRANCE
KANKAKEE, IL. 60901

Classification Numbers

License Number	6004246	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	0	0	2	11	0	32
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	27	0	27
TOTALS	19	0	0	2	38	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	259	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	139	126

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	30	0	0	27	57
Race Unknown	0	0	0	0	0
Total	32	0	0	27	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	32	0	0	27	59
Ethnicity Unknown	0	0	0	0	0
Total	32	0	0	27	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	11.00
Certified Aides	34.00
Other Health Staff	3.00
Non-Health Staff	41.00
Totals	98.00

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
32.3%	0.0%	0.0%	7.7%	60.0%	100.0%		
1,494,737	0	0	354,517	2,773,229	4,622,483	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Provena Heritage Village.

PRESENCE MARYHAVEN NURSING & REHAB CT
1700 EAST LAKE AVENUE
GLENVIEW, IL. 60025

Reference Numbers Facility ID 6005854
Health Service Area 007 Planning Service Area 702

Administrator
Lisa M. Orzada

Contact Person and Telephone
Lisa Orzada
847-729-1300

Date Completed
3/24/2014

Registered Agent Information
Sandra Bruce
200 S. Wacker Drive
Chicago, IL 60606

Building		Reported Age
Building 1	Single story all one level brick	52
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	103
Total Admissions 2013	113
Total Discharges 2013	135
Residents on 12/31/2013	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	15
Blood Disorders	4
*Nervous System Non Alzheimer	5
Alzheimer Disease	40
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	30
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	113

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	135	135	116	128	113	22	135	61
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	135	135	116	128	113	22	135	61

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6468	13.1%	20206	90.8%	0	530	12625	610	40439	82.1%	82.1%
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	6468	13.1%	20206	90.8%	0	530	12625	610	40439	82.1%	82.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	10	19	0	0	0	0	0	0	10	19	29
85+	20	53	0	0	0	0	0	0	20	53	73
TOTALS	35	78	0	0	0	0	0	0	35	78	113

PRESENCE MARYHAVEN NURSING & REHAB CT
1700 EAST LAKE AVENUE
GLENVIEW, IL. 60025

Classification Numbers

License Number	6005854	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	44	0	3	51	1	113
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	44	0	3	51	1	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	298	252
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	1	0	0	0	1
Total	113	0	0	0	113

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	112	0	0	0	112
Ethnicity Unknown	0	0	0	0	0
Total	113	0	0	0	113

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	5.00
Certified Aides	42.00
Other Health Staff	12.00
Non-Health Staff	37.00
Totals	118.00

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
2.1%	45.7%	0.0%	0.0%	52.7%	100.5%		
126,580	2,722,018	0	-29,140	3,135,092	5,954,550	35,301	0.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Maryhaven Nursing and Rehabilitation Center.

PRESENCE MCAULEY MANOR
400 W. SULLIVAN ROAD
AURORA, IL. 60506

Reference Numbers Facility ID 6005912
Health Service Area 008 Planning Service Area 089

Administrator
James Standish

Contact Person and Telephone
James Standish
630-859-3700

Date Completed
3/27/2014

Registered Agent Information
Gail Lane
9223 West Saint Francis Road
Frankfort, IL 60423

Building	Reported Age
Building 1 Presence McAuley Manor	29
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	69
Total Admissions 2013	655
Total Discharges 2013	664
Residents on 12/31/2013	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	2
Developmental Disability	0
Circulatory System	11
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	12
TOTALS	60

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	87	85	74	85	60	27	87	9
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	87	85	74	85	60	27	87	9

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9629	30.3%	2641	80.4%	0	3197	7618	0	23085	72.7%	74.4%
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	9629	30.3%	2641	80.4%	0	3197	7618	0	23085	72.7%	74.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	6	2	0	0	0	0	0	0	6	2	8
75 to 84	3	14	0	0	0	0	0	0	3	14	17
85+	4	23	0	0	0	0	0	0	4	23	27
TOTALS	17	43	0	0	0	0	0	0	17	43	60

PRESENCE MCAULEY MANOR
400 W. SULLIVAN ROAD
AURORA, IL. 60506

Classification Numbers

License Number	6005912	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	5	0	7	26	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	5	0	7	26	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	249
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	4.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	66.00

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
36.2%	11.1%	0.0%	15.4%	37.3%	100.0%		
1,836,676	561,161	0	781,895	1,889,612	5,069,344	17,889	0.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Provena McAuley Manor.

PRESENCE NAZARETHVILLE
300 NORTH RIVER ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6006506
Health Service Area 007 Planning Service Area 702

Administrator
Sister Maryann McKeogh

Contact Person and Telephone
Sister Maryann McKeogh
847-297-5337

Date Completed
4/1/2014

Registered Agent Information
Michael McConnell
2380 East Dempster Avenue
Des Plaines, IL 60016

Building	Reported Age
Building 1 Nazarethville	40
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	76
Total Admissions 2013	25
Total Discharges 2013	27
Residents on 12/31/2013	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	37
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	68	68	65	68	64	4	0	68
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	15	15	12	15	10	5		
TOTAL BEDS	83	83	77	83	74	9	0	68

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	10979	44.2%	0	0	12793	0	23772	95.8%	95.8%
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	4380	0	4380	80.0%	80.0%
TOTALS	0	0.0%	10979	44.2%	0	0	17173	0	28152	92.9%	92.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	2	0	4	4
75 to 84	3	9	0	0	0	0	0	1	3	10	13
85+	6	44	0	0	0	0	0	7	6	51	57
TOTALS	9	55	0	0	0	0	0	10	9	65	74

PRESENCE NAZARETHVILLE
300 NORTH RIVER ROAD
DES PLAINES, IL. 60016

Classification Numbers

License Number	6006506	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	29	0	0	35	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	10	0	10
TOTALS	0	29	0	0	45	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	254	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	191	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	10	74
Race Unknown	0	0	0	0	0
Total	64	0	0	10	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	63	0	0	10	73
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	10	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.50
LPN's	3.70
Certified Aides	33.50
Other Health Staff	0.00
Non-Health Staff	15.15
Totals	59.85

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%	28.1%	0.0%	0.0%	71.9%	100.0%		
0	1,330,133	0	0	3,408,012	4,738,145	200	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRESENCE OUR LADY OF RESURRECTION MED
5645 WEST ADDISON STREET
CHICAGO, IL. 60634

Reference Numbers Facility ID 6004931
Health Service Area 006 Planning Service Area 601

Administrator
Diane Ortolano

Contact Person and Telephone
Diane Ortolano
773-794-7640

Date Completed
3/25/2014

Registered Agent Information
Sandra Bruce
7435 West Talcott Avenue
Chicago, IL 60631

Building		Reported Age
Building 1	4 West	46
Building 2	4 East	50
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	36
Total Admissions 2013	1,062
Total Discharges 2013	1,061
Residents on 12/31/2013	37

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
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	37
Non-Medical Conditions	0
TOTALS	37

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	66	56	46	56	37	29	66	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	66	56	46	56	37	29	66	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12475	51.8%	0	0.0%	0	924	0	0	13399	55.6%	65.6%
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	12475	51.8%	0	0.0%	0	924	0	0	13399	55.6%	65.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	6	7	0	0	0	0	0	0	6	7	13
TOTALS	15	22	0	0	0	0	0	0	15	22	37

PRESENCE OUR LADY OF RESURRECTION MED
5645 WEST ADDISON STREET
CHICAGO, IL. 60634

Classification Numbers

License Number	6004931	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	0	0	3	0	0	37
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	34	0	0	3	0	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	881	881
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
Total	37	0	0	0	37

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	34	0	0	0	34
Ethnicity Unknown	0	0	0	0	0
Total	37	0	0	0	37

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	23.50
LPN's	1.00
Certified Aides	18.20
Other Health Staff	20.40
Non-Health Staff	11.50
Totals	76.70

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%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRESENCE OUR LADY OF VICTORY
20 BRIARCLIFF LANE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6007009
Health Service Area 009 Planning Service Area 091

Administrator
Robin Gifford

Contact Person and Telephone
Robin Gifford
815-937-2022

Date Completed
4/3/2014

Registered Agent Information
Gail Lane
9223 West Saint Francis Road
Frankfort, IL 60423

Building	Reported Age
Building 1 Facility	46
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	95
Total Admissions 2013	182
Total Discharges 2013	190
Residents on 12/31/2013	87

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	30
Alzheimer Disease	10
Mental Illness	1
Developmental Disability	1
Circulatory System	20
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	6
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	87

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	107	107	103	107	87	20	55	90
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	107	107	103	107	87	20	55	90

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6683	33.3%	23048	70.2%	0	131	4484	0	34346	87.9%	87.9%
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	6683	33.3%	23048	70.2%	0	131	4484	0	34346	87.9%	87.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	13	19	0	0	0	0	0	0	13	19	32
85+	4	41	0	0	0	0	0	0	4	41	45
TOTALS	20	67	0	0	0	0	0	0	20	67	87

PRESENCE OUR LADY OF VICTORY
20 BRIARCLIFF LANE
BOURBONNAIS, IL. 60914

Classification Numbers

License Number	6007009	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	63	0	0	8	0	87
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	63	0	0	8	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	211	206
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	87	0	0	0	87

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	14.00
Certified Aides	31.00
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	96.00

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
26.7%	58.0%	0.0%	0.8%	14.5%	100.0%		
1,381,652	3,000,692	0	40,097	751,241	5,173,682	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Provena Our Lady of Victory.

PRESENCE PINE VIEW CARE CENTER
611 ALLEN LANE
ST. CHARLES, IL. 60174

Reference Numbers Facility ID 6007439
Health Service Area 008 Planning Service Area 089

Administrator
Elliot Triplett

Contact Person and Telephone
ELLIOT TRIPLETT
630-377-2211

Date Completed
3/31/2014

Registered Agent Information
Gail Lane
9223 West Saint Francis Road
Frankfort, IL 60423

Building	Reported Age
Building 1 Presence PIne View Care Cente	40
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	85
Total Admissions 2013	356
Total Discharges 2013	353
Residents on 12/31/2013	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	7
Alzheimer Disease	4
Mental Illness	2
Developmental Disability	0
Circulatory System	23
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	4
Musculo-skeletal Disorders	13
Injuries and Poisonings	1
Other Medical Conditions	11
Non-Medical Conditions	12
TOTALS	88

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	110	98	110	88	32	120	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	110	98	110	88	32	120	60

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7881	18.0%	18912	86.4%	0	911	4978	0	32682	74.6%	81.4%
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	7881	18.0%	18912	86.4%	0	911	4978	0	32682	74.6%	81.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	4	15	0	0	0	0	0	0	4	15	19
85+	13	41	0	0	0	0	0	0	13	41	54
TOTALS	25	63	0	0	0	0	0	0	25	63	88

PRESENCE PINE VIEW CARE CENTER
611 ALLEN LANE
ST. CHARLES, IL. 60174

Classification Numbers

License Number	6007439	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	32	0	4	33	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	32	0	4	33	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	358	258
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.54
LPN's	8.88
Certified Aides	33.53
Other Health Staff	0.00
Non-Health Staff	32.64
Totals	90.59

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
32.7%	45.3%	0.0%	4.7%	17.3%	100.0%		
1,882,257	2,602,804	0	268,300	994,664	5,748,025	910	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Provena Pine View Care Center.

PRESENCE RESURRECTION LIFE CENTER
7370 WEST TALCOTT
CHICAGO, IL. 60631

Reference Numbers Facility ID 6014575
Health Service Area 006 Planning Service Area 601

Administrator
Nancy Razo

Contact Person and Telephone
William Sekalias
773-467-5855

Date Completed
3/31/2014

Registered Agent Information
Michael McConnell
2380 East Dempster
Des Plaines, IL 60016

Building	Reported Age
Building 1 Resurrection Life Center	17
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	151
Total Admissions 2013	361
Total Discharges 2013	355
Residents on 12/31/2013	157

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	19
Endocrine/Metabolic	15
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	46
Respiratory System	14
Digestive System	3
Genitourinary System Disorders	9
Skin Disorders	3
Musculo-skeletal Disorders	26
Injuries and Poisonings	8
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	157

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	157	157	157	157	152	5	122	157
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	5	5	5	5	5	0		
TOTAL BEDS	162	162	162	162	157	5	122	157

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12364	27.8%	32339	56.4%	0	458	12535	443	58139	101.5%	101.5%
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	1825	0	1825	100.0%	100.0%
TOTALS	12364	27.8%	32339	56.4%	0	458	14360	443	59964	101.4%	101.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	9	36	0	0	0	0	0	2	9	38	47
85+	16	83	0	0	0	0	0	3	16	86	102
TOTALS	27	125	0	0	0	0	0	5	27	130	157

PRESENCE RESURRECTION LIFE CENTER
7370 WEST TALCOTT
CHICAGO, IL. 60631

Classification Numbers

License Number	6014575	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	87	4	1	29	1	152
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	5	0	5
TOTALS	30	87	4	1	34	1	157

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	294	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	186	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	149	0	0	5	154
Race Unknown	3	0	0	0	3
Total	152	0	0	5	157

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	150	0	0	5	155
Ethnicity Unknown	0	0	0	0	0
Total	152	0	0	5	157

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	9.00
Certified Aides	63.00
Other Health Staff	11.00
Non-Health Staff	40.00
Totals	157.00

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
35.0%	35.3%	0.0%	3.3%	26.4%	100.0%		
5,104,120	5,151,236	0	481,438	3,846,645	14,583,439	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Resurrection Life Center.

PRESENCE RESURRECTION NSG & REHAB CTR
1001 NORTH GREENWOOD AVENUE
PARK RIDGE, IL. 60068

Reference Numbers Facility ID 6007892
Health Service Area 007 Planning Service Area 702

Administrator
James R. Farlee

Contact Person and Telephone
Lily Osei
847-692-5600

Date Completed
4/1/2014

Registered Agent Information
Michael McConnell
2380 East Dempster Avenue
Des Plaines, IL 60016

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	208
Total Admissions 2013	588
Total Discharges 2013	583
Residents on 12/31/2013	213

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	22
Blood Disorders	1
*Nervous System Non Alzheimer	31
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	35
Respiratory System	22
Digestive System	15
Genitourinary System Disorders	17
Skin Disorders	0
Musculo-skeletal Disorders	52
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	213

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	298	260	244	244	213	85	296	232
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	298	260	244	244	213	85	296	232

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17410	16.1%	44115	52.1%	0	3627	11025	1454	77631	71.4%	81.8%
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	17410	16.1%	44115	52.1%	0	3627	11025	1454	77631	71.4%	81.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	6	4	0	0	0	0	0	0	6	4	10
60 to 64	3	8	0	0	0	0	0	0	3	8	11
65 to 74	16	17	0	0	0	0	0	0	16	17	33
75 to 84	20	33	0	0	0	0	0	0	20	33	53
85+	25	80	0	0	0	0	0	0	25	80	105
TOTALS	71	142	0	0	0	0	0	0	71	142	213

PRESENCE RESURRECTION NSG & REHAB CTR
1001 NORTH GREENWOOD AVENUE
PARK RIDGE, IL. 60068

Classification Numbers

License Number	6007892	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	56	117	0	7	31	2	213
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	56	117	0	7	31	2	213

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	297	251
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	207	0	0	0	207
Race Unknown	0	0	0	0	0
Total	213	0	0	0	213

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	205	0	0	0	205
Total	213	0	0	0	213

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	59.00
LPN's	2.00
Certified Aides	92.00
Other Health Staff	20.00
Non-Health Staff	69.00
Totals	244.00

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
21.4%	51.3%	0.0%	2.4%	24.9%	100.0%		
2,560,048	6,147,954	0	292,462	2,978,560	11,979,024	66,534	0.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Resurrection Nursing and Rehabilitation Center

PRESENCE SAINT ANDREW LIFE CENTER
7000 NORTH NEWARK
NILES, IL. 60714

Reference Numbers Facility ID 6008833
Health Service Area 007 Planning Service Area 702

Administrator
Alpana Patel

Contact Person and Telephone
Alpana Patel
847-647-9824

Date Completed
4/2/2014

Registered Agent Information
Michael McConnell
2380 East Dempster Avenue
Des Plaines, IL 60016

Building		Reported Age
Building 1	Main Building	61
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	46
Total Admissions 2013	30
Total Discharges 2013	35
Residents on 12/31/2013	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	24
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	41

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	55	55	55	55	41	14	0	55
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	55	55	55	55	41	14	0	55

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	10303	51.3%	0	0	5282	986	16571	82.5%	82.5%
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	0	0.0%	10303	51.3%	0	0	5282	986	16571	82.5%	82.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	5	29	0	0	0	0	0	0	5	29	34
TOTALS	9	32	0	0	0	0	0	0	9	32	41

PRESENCE SAINT ANDREW LIFE CENTER
7000 NORTH NEWARK
NILES, IL. 60714

Classification Numbers

License Number	6008833	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	26	0	0	14	1	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	26	0	0	14	1	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	278	229
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.13
Director of Nursing	1.00
Registered Nurses	4.23
LPN's	1.97
Certified Aides	11.91
Other Health Staff	0.00
Non-Health Staff	23.29
Totals	43.53

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%	19.4%	0.0%	0.0%	80.6%	100.0%		
0	1,080,207	0	0	4,485,265	5,565,472	193,454	3.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly St. Andrew Life Center.

PRESENCE ST. ANNE CENTER
4405 HIGHCREST ROAD
ROCKFORD, IL. 61107

Reference Numbers Facility ID 6008817
Health Service Area 001 Planning Service Area 201

Administrator
Janelle Chadwick

Contact Person and Telephone
Janelle Chadwick
815-229-1999

Date Completed
3/31/2014

Registered Agent Information
Gail Lane
92223 West Saint Francis Road
Frankfort, IL 60423

Building		Reported Age
Building 1	Presence Saint Anne Center	28
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	150
Total Admissions 2013	823
Total Discharges 2013	835
Residents on 12/31/2013	138

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	4
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	41
Respiratory System	16
Digestive System	4
Genitourinary System Disorders	7
Skin Disorders	3
Musculo-skeletal Disorders	42
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	138

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	179	179	162	179	138	41	119	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	179	179	162	179	138	41	119	60

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15464	35.6%	19918	90.9%	0	4072	12183	4	51641	79.0%	79.0%
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	15464	35.6%	19918	90.9%	0	4072	12183	4	51641	79.0%	79.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	5	0	0	0	0	0	0	1	5	6
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	16	14	0	0	0	0	0	0	16	14	30
85+	17	66	0	0	0	0	0	0	17	66	83
TOTALS	43	95	0	0	0	0	0	0	43	95	138

PRESENCE ST. ANNE CENTER
4405 HIGHCREST ROAD
ROCKFORD, IL. 61107

Classification Numbers

License Number	6008817	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	50	35	0	42	11	0	138
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	50	35	0	42	11	0	138

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	254	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	0	0	0	0	0
Total	138	0	0	0	138

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	137	0	0	0	137
Ethnicity Unknown	0	0	0	0	0
Total	138	0	0	0	138

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	23.00
Certified Aides	56.00
Other Health Staff	1.00
Non-Health Staff	44.00
Totals	151.00

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
35.9%	28.6%	0.0%	9.9%	25.5%	100.0%		
3,512,661	2,802,289	0	968,050	2,498,534	9,781,534	1,029	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Provena St. Anne Center.

PRESENCE ST. BENEDICT NURSING & REHAB
6930 WEST TOUHY AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 6008874
Health Service Area 007 Planning Service Area 702

Administrator
Bernadine Ladra

Contact Person and Telephone
Shawn Albritton
312-308-3937

Date Completed
3/30/2014

Registered Agent Information
Michael McConnell
2380 East Dempster Ave.
Des Plaines, IL 60016

Building		Reported Age
Building 1	Presence St. Benedict Nursing a	22
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	95
Total Admissions 2013	276
Total Discharges 2013	275
Residents on 12/31/2013	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	1
Circulatory System	36
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	96

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	99	99	96	3	99	19
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	96	3	99	19

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	11	9	0	0	0	0	0	0	11	9	20
85+	13	50	0	0	0	0	0	0	13	50	63
TOTALS	30	66	0	0	0	0	0	0	30	66	96

PRESENCE ST. BENEDICT NURSING & REHAB
6930 WEST TOUHY AVENUE
NILES, IL. 60714

Classification Numbers

License Number	6008874	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	18	0	7	50	0	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	18	0	7	50	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	294	248
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.76
LPN's	4.14
Certified Aides	40.61
Other Health Staff	12.40
Non-Health Staff	44.01
Totals	114.92

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
14.7%	12.7%	0.0%	3.3%	69.3%	100.0%		
1,038,961	898,730	0	237,349	4,912,743	7,087,783	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly St. Benedict Nursing and Rehabilitation Center.

PRESENCE ST. JOSEPH CENTER
659 EAST JEFFERSON STREET
FREEPORT, IL. 61032

Reference Numbers Facility ID 6008973
Health Service Area 001 Planning Service Area 177

Administrator
Michelle Lindeman

Contact Person and Telephone
Michelle Lindeman
815-232-6181

Date Completed
3/31/2014

Registered Agent Information
Gail Lane
9223 West Saint Francis Road
Frankfort, IL 60423

Building	Reported Age
Building 1 Presence Saint Joseph Center	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	114
Total Admissions 2013	353
Total Discharges 2013	379
Residents on 12/31/2013	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	9
Mental Illness	4
Developmental Disability	0
Circulatory System	21
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	130	124	117	110	88	42	120	94
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	130	124	117	110	88	42	120	94

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7299	16.7%	19149	55.8%	0	163	10120	0	36731	77.4%	81.2%
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	7299	16.7%	19149	55.8%	0	163	10120	0	36731	77.4%	81.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	10	50	0	0	0	0	0	0	10	50	60
TOTALS	17	71	0	0	0	0	0	0	17	71	88

PRESENCE ST. JOSEPH CENTER
659 EAST JEFFERSON STREET
FREEPORT, IL. 61032

Classification Numbers

License Number	6008973	
Health Service Area	001	
Planning Service Area	177	Stephenson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	44	0	0	30	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	44	0	0	30	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	209	193
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	15.00
Certified Aides	40.00
Other Health Staff	2.00
Non-Health Staff	37.00
Totals	105.00

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
14.5%	42.8%	0.0%	10.7%	32.0%	100.0%		
877,186	2,591,981	0	644,470	1,936,060	6,049,697	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Provena St. Joseph Center.

PRESENCE VILLA FRANCISCAN
210 NORTH SPRINGFIELD AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID 6012678
Health Service Area 009 Planning Service Area 197

Administrator
Melissa K. Adams

Contact Person and Telephone
Melissa K. Adams
815-725-3400 ext 1204

Date Completed
4/1/2014

Registered Agent Information
Gail Lane
9223 West Saint Francis Road
Frankfort, IL 60423

Building	Reported Age
Building 1 Villa Franciscan	27
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	126
Total Admissions 2013	529
Total Discharges 2013	556
Residents on 12/31/2013	99

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	10
Mental Illness	17
Developmental Disability	0
Circulatory System	20
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	13
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	3
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	99

Total Residents Diagnosed as Mentally Ill 69

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	176	176	144	124	99	77	176	38
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	176	176	144	124	99	77	176	38

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	18949	29.5%	15314	######	0	1890	7652	0	43805	68.2%	68.2%
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	18949	29.5%	15314	######	0	1890	7652	0	43805	68.2%	68.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	11	30	0	0	0	0	0	0	11	30	41
85+	9	35	0	0	0	0	0	0	9	35	44
TOTALS	23	76	0	0	0	0	0	0	23	76	99

PRESENCE VILLA FRANCISCAN
210 NORTH SPRINGFIELD AVENUE
JOLIET, IL. 60435

Classification Numbers

License Number	6012678	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	37	0	4	20	0	99
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	38	37	0	4	20	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	251	224
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
Total	99	0	0	0	99

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	93	0	0	0	93
Ethnicity Unknown	0	0	0	0	0
Total	99	0	0	0	99

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	9.00
Certified Aides	57.00
Other Health Staff	9.00
Non-Health Staff	45.00
Totals	146.00

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
49.8%	25.4%	0.0%	5.9%	18.9%	100.0%		
4,286,991	2,183,345	0	508,782	1,624,413	8,603,531	559	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Provena Villa Franciscan.

PRESENCE VILLA SCALABRINI NURSING-REHAB
480 NORTH WOLF ROAD
NORTHLAKE, IL. 60164

Reference Numbers Facility ID 6009591
Health Service Area 007 Planning Service Area 704

Administrator
Michael Kaplan

Contact Person and Telephone
Michael Kaplan
708-562-0040

Date Completed
4/2/2014

Registered Agent Information
Michael McConnell
2380 East Dempster Ave
Des Plaines, IL 60016

Building		Reported Age
Building 1	G - South	63
Building 2	Lobby	63
Building 3	Rest of Building	63
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	222
Total Admissions 2013	209
Total Discharges 2013	148
Residents on 12/31/2013	283

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	29
Blood Disorders	8
*Nervous System Non Alzheimer	33
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	52
Respiratory System	25
Digestive System	11
Genitourinary System Disorders	0
Skin Disorders	42
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	209

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	253	253	209	253	209	44	171	202
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	253	253	209	253	209	44	171	202

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	16762	26.9%	47496	64.4%	1481	0	14540	838	81117	87.8%	87.8%
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	16762	26.9%	47496	64.4%	1481	0	14540	838	81117	87.8%	87.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	0	4	0	0	0	0	0	0	0	4	4
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	14	22	0	0	0	0	0	0	14	22	36
85+	29	127	0	0	0	0	0	0	29	127	156
TOTALS	47	162	0	0	0	0	0	0	47	162	209

PRESENCE VILLA SCALABRINI NURSING-REHAB
480 NORTH WOLF ROAD
NORTHLAKE, IL. 60164

Classification Numbers

License Number	6009591	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	42	105	0	5	52	5	209
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	42	105	0	5	52	5	209

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	297	251
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	1	0	0	0	1
White	194	0	0	0	194
Race Unknown	0	0	0	0	0
Total	209	0	0	0	209

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	192	0	0	0	192
Ethnicity Unknown	0	0	0	0	0
Total	209	0	0	0	209

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	50.00
LPN's	11.00
Certified Aides	115.00
Other Health Staff	30.00
Non-Health Staff	68.00
Totals	276.00

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
16.0%	54.6%	0.0%	2.4%	26.9%	100.0%		
1,841,331	6,274,391	0	277,755	3,090,385	11,483,862	209,439	1.8%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Villa Scalabrini Nursing and Rehabitation.

PROCTOR HOSPITAL SKILLED NURSING UNIT
5409 NORTH KNOXVILLE AVENUE
PEORIA, IL. 61614

Reference Numbers Facility ID 6010813
Health Service Area 002 Planning Service Area 143

Administrator
Paul Macek

Contact Person and Telephone
Debbie Eminian
309-689-8640

Date Completed
4/4/2014

Registered Agent Information

Building		Reported Age
Building 1	Proctor Hospital Skilled Nursing	27
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	10
Total Admissions 2013	544
Total Discharges 2013	541
Residents on 12/31/2013	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	13

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	25	20	20	20	13	12	25	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	25	20	20	20	13	12	25	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4056	44.4%	12	0.0%	0	441	11	0	4520	49.5%	61.9%
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	4056	44.4%	12	0.0%	0	441	11	0	4520	49.5%	61.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	4	9	0	0	0	0	0	0	4	9	13

PROCTOR HOSPITAL SKILLED NURSING UNIT
5409 NORTH KNOXVILLE AVENUE
PEORIA, IL. 61614

Classification Numbers

License Number	6010813	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	0	0	4	0	0	13
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	0	0	4	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	630	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	11	0	0	0	11
Race Unknown	2	0	0	0	2
Total	13	0	0	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	11	0	0	0	11
Ethnicity Unknown	2	0	0	0	2
Total	13	0	0	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.40
LPN's	1.60
Certified Aides	5.50
Other Health Staff	1.80
Non-Health Staff	0.80
Totals	21.10

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
81.7%	0.0%	0.0%	18.1%	0.2%	100.0%		
1,526,463	0	0	337,872	4,440	1,868,775	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

11-063	1/10/2012	Alteration approved to add 10 Nursing Care beds; facility now authorized for 25 Nursing Care beds.

PROPHET'S RIVERVIEW NURSING
310 MOSHER DRIVE
PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID 6007637
Health Service Area 001 Planning Service Area 195

Administrator
Craven Ford

Contact Person and Telephone
ANGELA SMITH
815-537-5175

Date Completed
3/18/2014

Registered Agent Information

Building		Reported Age
Building 1	Prophets Riverview/skilled nursi	47
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	60
Total Admissions 2013	88
Total Discharges 2013	90
Residents on 12/31/2013	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	24
Mental Illness	2
Developmental Disability	0
Circulatory System	13
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	58

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	70	70	70	70	58	12	70	70
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	70	70	70	70	58	12	70	70

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2580	10.1%	5601	21.9%	0	37	13389	0	21607	84.6%	84.6%
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	2580	10.1%	5601	21.9%	0	37	13389	0	21607	84.6%	84.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	13	25	0	0	0	0	0	0	13	25	38
TOTALS	18	40	0	0	0	0	0	0	18	40	58

PROPHET'S RIVERVIEW NURSING
310 MOSHER DRIVE
PROPHETSTOWN, IL. 61277

Classification Numbers

License Number	6007637	
Health Service Area	001	
Planning Service Area	195	Whiteside

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	17	0	0	36	0	58
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	17	0	0	36	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	169
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	58	0	0	0	58

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	5.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	42.00

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
26.3%	14.5%	0.0%	0.5%	58.7%	100.0%		
1,162,648	639,460	0	21,396	2,591,367	4,414,871	2,000	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PROVIDENCE OF DOWNERS GROVE
3450 SARATOGA AVENUE
DOWNERS GROVE, IL. 60515

Reference Numbers Facility ID 6007876
Health Service Area 007 Planning Service Area 703

Administrator
Jacquelyn L Terpstra

Contact Person and Telephone
JACKIE TERPSTRA
630-969-2900 x1224

Date Completed
3/26/2014

Registered Agent Information
Bill DeYoung
18601 North Creek Drive
Tinley Park, IL 60477

Building		Reported Age
Building 1	Providence Healthcare & Rehab	45
Building 2	Saratoga Grove Retirement Cen	25
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	162
Total Admissions 2013	972
Total Discharges 2013	971
Residents on 12/31/2013	163

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	26
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	40
Injuries and Poisonings	9
Other Medical Conditions	8
Non-Medical Conditions	58
TOTALS	163

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	145	103	98	103	89	56	145	16
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	96	90	74	90	74	22		
TOTAL BEDS	241	193	172	193	163	78	145	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16422	31.0%	6140	######	0	3160	5852	0	31574	59.7%	84.0%
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	28772	0	28772	82.1%	87.6%
TOTALS	16422	31.0%	6140	######	0	3160	34624	0	60346	68.6%	85.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	6	0	0	0	0	0	1	3	7	10
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	10	9	0	0	0	0	0	2	10	11	21
75 to 84	5	16	0	0	0	0	4	14	9	30	39
85+	7	29	0	0	0	0	12	41	19	70	89
TOTALS	26	63	0	0	0	0	16	58	42	121	163

PROVIDENCE OF DOWNERS GROVE
3450 SARATOGA AVENUE
DOWNERS GROVE, IL. 60515

Classification Numbers

License Number	6007876	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	44	15	0	11	19	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	74	0	74
TOTALS	44	15	0	11	93	0	163

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	342	278
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	81	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	2	0	0	0	2
White	86	0	0	74	160
Race Unknown	0	0	0	0	0
Total	89	0	0	74	163

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	86	0	0	74	160
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	74	163

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	8.00
Certified Aides	37.00
Other Health Staff	20.00
Non-Health Staff	60.00
Totals	148.00

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
71.1%	7.4%	0.0%	8.5%	13.1%	100.0%		
8,233,000	855,000	0	980,000	1,513,000	11,581,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PROVIDENCE OF PALOS HEIGHTS
13259 SOUTH CENTRAL AVENUE
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6007843
Health Service Area 007 Planning Service Area 705

Administrator
Tim Abbring

Contact Person and Telephone
TIM ABBRING
708-239-4919

Date Completed
3/27/2014

Registered Agent Information
Bill DeYoung
18601 North Creek Drive
Tinley Park, IL 60477

Building	Reported Age
Building 1	54
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	121
Total Admissions 2013	997
Total Discharges 2013	987
Residents on 12/31/2013	131

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	96
Non-Medical Conditions	0
TOTALS	131

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	193	159	151	159	131	62	145	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	193	159	151	159	131	62	145	98

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	21070	39.8%	11681	32.7%	0	5014	10056	0	47821	67.9%	82.4%
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	21070	39.8%	11681	32.7%	0	5014	10056	0	47821	67.9%	82.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	7	0	0	0	0	0	0	0	7	7
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	6	14	0	0	0	0	0	0	6	14	20
75 to 84	12	31	0	0	0	0	0	0	12	31	43
85+	12	45	0	0	0	0	0	0	12	45	57
TOTALS	30	101	0	0	0	0	0	0	30	101	131

PROVIDENCE OF PALOS HEIGHTS
13259 SOUTH CENTRAL AVENUE
PALOS HEIGHTS, IL. 60463

Classification Numbers

License Number	6007843	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	58	33	0	8	32	0	131
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	58	33	0	8	32	0	131

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	257	257
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	121	0	0	0	121
Race Unknown	0	0	0	0	0
Total	131	0	0	0	131

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	131	0	0	0	131
Ethnicity Unknown	0	0	0	0	0
Total	131	0	0	0	131

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	12.00
Certified Aides	48.00
Other Health Staff	0.00
Non-Health Staff	70.00
Totals	157.00

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
65.4%	13.1%	0.0%	8.2%	13.3%	100.0%		
10,353,000	2,070,000	0	1,296,000	2,109,000	15,828,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

QUINCY TERRACE
1233 NORTH SIXTH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6007660
Health Service Area 003 Planning Service Area 001

Administrator
Marcia Ford

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building		Reported Age
Building 1	Quincy Terrace	27
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	2
Total Discharges 2013	2
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5821	99.7%	0	0	0	0	5821	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5821	99.7%	0	0	0	0	5821	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	1	0	0	5	1	6
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	5	0	0	10	5	15

QUINCY TERRACE
1233 NORTH SIXTH STREET
QUINCY, IL. 62301

Classification Numbers

License Number	6007660	
Health Service Area	003	
Planning Service Area	001	Adams

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	120
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	82.7%	2.6%	0.0%	14.7%	100.0%		
0	552,333	17,337	0	98,460	668,130	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RACHUY HOUSE
605 NORTH MAIN STREET
STOCKTON, IL. 61085

Reference Numbers Facility ID 6013528
Health Service Area 001 Planning Service Area 085

Administrator
Connie K Foster

Contact Person and Telephone
Ron Heiderscheit
815-288-6691 ext.269

Date Completed
4/3/2013

Registered Agent Information
Jeffrey Stauter
500 Anchor Road
Dixon, IL 61021

Building	Reported Age
Building 1 Rachuy House	8
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	13
Total Admissions 2013	4
Total Discharges 2013	5
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	12	15	12	3		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	12	15	12	3	0	15

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4526	82.7%	0	0	132	4658	9316	170.2%	170.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4526	82.7%	0	0	132	4658	9316	170.2%	170.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	4	0	0	4	4	8
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	6	6	0	0	6	6	12

RACHUY HOUSE
605 NORTH MAIN STREET
STOCKTON, IL. 61085

Classification Numbers

License Number	6013528	
Health Service Area	001	
Planning Service Area	085	Jo Daviess

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	118	112
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	8.50
Other Health Staff	0.00
Non-Health Staff	1.25
Totals	10.25

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%	15.7%	79.5%	0.0%	4.7%	100.0%		
0	87,464	442,430	0	26,319	556,213	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RADFORD GREEN
960 AUDUBON WAY
LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID 6016356
Health Service Area 008 Planning Service Area 097

Administrator
Denise Dale

Contact Person and Telephone
DENISE DALE
847-876-2401

Date Completed
4/2/2014

Registered Agent Information

Continuing Care Retirement Community
Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	44
Total Admissions 2013	534
Total Discharges 2013	518
Residents on 12/31/2013	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	15
Injuries and Poisonings	8
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	84	84	68	84	60	24	84	4
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	84	84	68	84	60	24	84	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11983	39.1%	0	0.0%	0	50	284	0	12317	40.2%	40.2%
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	11983	39.1%	0	0.0%	0	50	284	0	12317	40.2%	40.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	3	10	0	0	0	0	0	0	3	10	13
85+	15	28	0	0	0	0	0	0	15	28	43
TOTALS	20	40	0	0	0	0	0	0	20	40	60

RADFORD GREEN
960 AUDUBON WAY
LINCOLNSHIRE, IL. 60069

Classification Numbers

License Number	6016356	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	37	0	0	1	22	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	37	0	0	1	22	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	320	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	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

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	13.60
Certified Aides	40.40
Other Health Staff	36.20
Non-Health Staff	0.00
Totals	104.20

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
71.3%	0.0%	0.0%	0.3%	28.5%	100.0%		
6,633,452	0	0	25,955	2,648,409	9,307,816	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RAINBOW BEACH CARE CENTER
7325 SOUTH EXCHANGE
CHICAGO, IL. 60649

Reference Numbers Facility ID 6008734
Health Service Area 006 Planning Service Area 603

Administrator
Jacqueline Gully

Contact Person and Telephone
Ron Cournaya

Date Completed
3/27/2014

Registered Agent Information
David Aronin
2201 Mains Street
Evanston, IL 60202

Building		Reported Age
Building 1	The Tower	13
Building 2	Rainbow Beach	60
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	160
Total Admissions 2013	175
Total Discharges 2013	162
Residents on 12/31/2013	173

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	180
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	180

Total Residents Diagnosed as Mentally Ill 180

Total Residents Reported as Identified Offenders 46

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	211	211	211	211	180	31	0	211
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	211	211	211	211	180	31	0	211

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	58998	76.6%	2267	30	0	0	61295	79.6%	79.6%
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	0	0.0%	58998	76.6%	2267	30	0	0	61295	79.6%	79.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	47	23	0	0	0	0	0	0	47	23	70
45 to 59	47	32	0	0	0	0	0	0	47	32	79
60 to 64	17	4	0	0	0	0	0	0	17	4	21
65 to 74	6	4	0	0	0	0	0	0	6	4	10
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	117	63	0	0	0	0	0	0	117	63	180

RAINBOW BEACH CARE CENTER
7325 SOUTH EXCHANGE
CHICAGO, IL. 60649

Classification Numbers

License Number	6008734	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	180	0	0	0	0	180
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	180	0	0	0	0	180

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	147	0	0	0	147
Hawaiian/Pacific Isl.	0	0	0	0	0
White	21	0	0	0	21
Race Unknown	11	0	0	0	11
Total	180	0	0	0	180

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	180	0	0	0	180
Total	180	0	0	0	180

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	17.00
Certified Aides	36.00
Other Health Staff	22.00
Non-Health Staff	52.00
Totals	133.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	7,932,429	0	0	0	7,932,429	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RAINTREE TERRACE
501 EAST CHESTNUT
CARBONDALE, IL. 62901

Reference Numbers Facility ID 6007694
Health Service Area 005 Planning Service Area 077

Administrator
Laura Corder

Contact Person and Telephone
ROBERT S. BUFFINGTON
618-967-7106

Date Completed
4/4/2014

Registered Agent Information
J.Lawrence Sanders
208 North Marion Street
Marion, IL 62959

Building	Reported Age
Building 1 Raintree Terrace ICF/DD	29
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	13
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	13	12	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	13	12	12	4	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4380	75.0%	0	0	0	0	4380	75.0%	75.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	75.0%	0	0	0	0	4380	75.0%	75.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	1	0	0	5	1	6
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	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	0	0	0	0	8	4	0	0	8	4	12

RAINTREE TERRACE
501 EAST CHESTNUT
CARBONDALE, IL. 62901

Classification Numbers

License Number	6007694	
Health Service Area	005	
Planning Service Area	077	Jackson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	108
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	8	0	8
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	4.00
Totals	14.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	516,419	0	0	0	516,419	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RANDOLPH COUNTY CARE CENTER
312 WEST BELMONT
SPARTA, IL. 62286

Reference Numbers Facility ID 6007702
Health Service Area 005 Planning Service Area 157

Administrator
Ken Slavens

Contact Person and Telephone
KEN SLAVENS
618-443-4351 ext 324

Date Completed
3/25/2014

Registered Agent Information
Randolph County Board of Commissione
#1 Taylor Street
Chester, IL 62233

Building	Reported Age
Building 1 Only Building	62
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	56
Total Admissions 2013	48
Total Discharges 2013	48
Residents on 12/31/2013	56

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	17
Mental Illness	1
Developmental Disability	0
Circulatory System	10
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	56

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	100	80	67	80	56	44	26	100
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	80	67	80	56	44	26	100

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2352	24.8%	7037	19.3%	0	0	12576	0	21965	60.2%	75.2%
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	2352	24.8%	7037	19.3%	0	0	12576	0	21965	60.2%	75.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	2	11	0	0	0	0	0	0	2	11	13
85+	12	23	0	0	0	0	0	0	12	23	35
TOTALS	18	38	0	0	0	0	0	0	18	38	56

RANDOLPH COUNTY CARE CENTER
312 WEST BELMONT
SPARTA, IL. 62286

Classification Numbers

License Number	6007702	
Health Service Area	005	
Planning Service Area	157	Randolph

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	16	0	32	0	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	16	0	32	0	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	139	114
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	4.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	5.00
Certified Aides	31.00
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	69.00

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
40.8%	21.2%	0.0%	0.0%	38.0%	100.0%		
1,604,187	835,303	0	0	1,494,634	3,934,124	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RANDOLPH HOUSE
404 SOUTH FIRST STREET
VANDALIA, IL. 62471

Reference Numbers Facility ID 6007710
Health Service Area 005 Planning Service Area 051

Administrator
Charlotte Watton

Contact Person and Telephone
CHARLOTTE WATTON
618-283-0689

Date Completed
3/26/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
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-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	3
Total Discharges 2013	3
Residents on 12/31/2013	14

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5274	90.3%	0	0	0	0	5274	90.3%	90.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5274	90.3%	0	0	0	0	5274	90.3%	90.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	2	0	0	3	2	5
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	3	1	0	0	3	1	4
75 to 84	0	0	0	0	0	2	0	0	0	2	2
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	7	7	0	0	7	7	14

RANDOLPH HOUSE
404 SOUTH FIRST STREET
VANDALIA, IL. 62471

Classification Numbers

License Number	6007710	
Health Service Area	005	
Planning Service Area	051	Fayette

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	111	111
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.15
LPN's	0.00
Certified Aides	11.25
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	13.90

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
0.0%	88.2%	0.0%	0.0%	11.8%	100.0%		
0	509,456	0	0	67,914	577,370	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RAVISLOE TERRACE
18227 RAVISLOE
COUNTRY CLUB HILLS, IL. 60478

Reference Numbers Facility ID 6013817
Health Service Area 007 Planning Service Area 705

Administrator
Annette Whitlock

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Building	Reported Age
Building 1 Ravisloe Terrace	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	5
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	5

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	5
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	5

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	5	6	5	1		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	5	6	5	1	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			1825	83.3%	0	0	0	0	1825	83.3%	83.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1825	83.3%	0	0	0	0	1825	83.3%	83.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	0	0	0	4	0	4
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	4	1	0	0	4	1	5

RAVISLOE TERRACE
18227 RAVISLOE
COUNTRY CLUB HILLS, IL. 60478

Classification Numbers

License Number	6013817	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		5	0	0	0	0	5
Sheltered Care			0	0	0	0	0
TOTALS	0	5	0	0	0	0	5

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	208
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	5	0	5

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	5	0	5
Ethnicity Unknown	0	0	0	0	0
Total	0	0	5	0	5

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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	439,234	0	0	0	439,234	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RED BUD REGIONAL CARE
350 WEST SOUTH 1ST STREET
RED BUD, IL. 62278

Reference Numbers Facility ID 6007751
Health Service Area 005 Planning Service Area 157

Administrator
Diane Bartlebaugh

Contact Person and Telephone
Diane Bartlebaugh
618-282-5001

Date Completed
3/31/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	38
Mental Illness	0
Developmental Disability	3
Circulatory System	6
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	31
Injuries and Poisonings	12
Other Medical Conditions	1
Non-Medical Conditions	1
TOTALS	109

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	40
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	107
Total Admissions 2013	90
Total Discharges 2013	88
Residents on 12/31/2013	109

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	115	113	115	109	6	115	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	115	115	113	115	109	6	115	115

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2581	6.1%	23157	55.2%	0	55	12305	0	38098	90.8%	90.8%
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	2581	6.1%	23157	55.2%	0	55	12305	0	38098	90.8%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	14	15	0	0	0	0	0	0	14	15	29
85+	9	53	0	0	0	0	0	0	9	53	62
TOTALS	32	77	0	0	0	0	0	0	32	77	109

RED BUD REGIONAL CARE
350 WEST SOUTH 1ST STREET
RED BUD, IL. 62278

Classification Numbers

License Number	6007751	
Health Service Area	005	
Planning Service Area	157	Randolph

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	46	0	1	52	0	109
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	46	0	1	52	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	330	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	0	0	0	0	0
Total	109	0	0	0	109

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	109	0	0	0	109

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	16.00
Certified Aides	42.00
Other Health Staff	5.00
Non-Health Staff	15.00
Totals	86.00

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
16.2%	51.3%	0.0%	0.5%	32.0%	100.0%		
886,799	2,805,375	0	25,796	1,750,675	5,468,645	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	1/26/2012	Name changed from Red Bud Nursing Home.

REGENCY NURSING CARE RESIDENCE
2120 WEST WASHINGTON
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6008239
Health Service Area 003 Planning Service Area 167

Administrator
Anthony Twardowski

Contact Person and Telephone
ANTHONY TWARDOWSKI
217-793-4880

Date Completed
4/3/2014

Registered Agent Information

Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	72
Total Admissions 2013	205
Total Discharges 2013	193
Residents on 12/31/2013	84

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	14
Blood Disorders	4
*Nervous System Non Alzheimer	16
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	95	95	92	95	84	11	1	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	4	4	0	4	0	4		
TOTAL BEDS	99	99	92	99	84	15	1	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7187	#######	2235	0.0%	0	0	19196	0	28618	82.5%	82.5%
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	7187	#######	2235	0.0%	0	0	19196	0	28618	79.2%	79.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	11	44	0	0	0	0	0	0	11	44	55
TOTALS	20	64	0	0	0	0	0	0	20	64	84

REGENCY NURSING CARE RESIDENCE
2120 WEST WASHINGTON
SPRINGFIELD, IL. 62702

Classification Numbers

License Number	6008239	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	6	0	0	57	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	6	0	0	57	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	339	189
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	259	159

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	11.00
Certified Aides	37.00
Other Health Staff	11.00
Non-Health Staff	27.00
Totals	91.00

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
45.8%	2.5%	0.0%	0.0%	51.7%	100.0%		
3,274,647	177,114	0	0	3,698,578	7,150,339	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

REGENCY REHABILITATION CENTER
6631 MILWAUKEE AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 6007793
Health Service Area 007 Planning Service Area 702

Administrator
Lori Barrish

Contact Person and Telephone
Marianne Guzzi
847-647-7444

Date Completed
4/3/2014

Registered Agent Information

Life Care Facility

Building	Reported Age
Building 1 Regency Rehabilitation Center -	42
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	231
Total Admissions 2013	240
Total Discharges 2013	172
Residents on 12/31/2013	299

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	35
Blood Disorders	0
*Nervous System Non Alzheimer	62
Alzheimer Disease	62
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	15
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	2
TOTALS	228

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	300	300	248	300	231	69	300	300
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	300	300	248	300	231	69	300	300

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10501	9.6%	63994	58.4%	3692	871	6700	0	85758	78.3%	78.3%
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	10501	9.6%	63994	58.4%	3692	871	6700	0	85758	78.3%	78.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	7	16	0	0	0	0	0	0	7	16	23
60 to 64	7	6	0	0	0	0	0	0	7	6	13
65 to 74	12	19	0	0	0	0	0	0	12	19	31
75 to 84	25	38	0	0	0	0	0	0	25	38	63
85+	20	81	0	0	0	0	0	0	20	81	101
TOTALS	71	160	0	0	0	0	0	0	71	160	231

REGENCY REHABILITATION CENTER
6631 MILWAUKEE AVENUE
NILES, IL. 60714

Classification Numbers

License Number	6007793	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	171	9	2	14	0	231
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	35	171	9	2	14	0	231

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	4	0	0	0	4
White	193	0	0	0	193
Race Unknown	20	0	0	0	20
Total	231	0	0	0	231

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	25	0	0	0	25
Non-Hispanic	206	0	0	0	206
Ethnicity Unknown	0	0	0	0	0
Total	231	0	0	0	231

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	28.00
LPN's	30.00
Certified Aides	88.00
Other Health Staff	0.00
Non-Health Staff	87.00
Totals	236.00

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
26.3%	44.6%	3.3%	5.7%	20.1%	100.0%		
4,624,007	7,853,579	581,490	1,007,461	3,534,499	17,601,036	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

REHAB & CARE CENTER - JACKSON COUNTY
1441 NORTH 14TH STREET
MURPHYSBORO, IL. 62966

Reference Numbers Facility ID 6004816
Health Service Area 005 Planning Service Area 077

Administrator
Merle K. Taylor

Contact Person and Telephone
MERLE K. TAYLOR
618-684-2136

Date Completed
4/1/2014

Registered Agent Information

Building		Reported Age
Building 1	Original Building	54
Building 2	Addition	42
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	106
Total Admissions 2013	136
Total Discharges 2013	139
Residents on 12/31/2013	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	15
Mental Illness	32
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 75

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	138	178	123	138	103	35	54	138
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	138	178	123	138	103	35	54	138

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4933	25.0%	22728	45.1%	1938	0	10806	0	40405	80.2%	62.2%
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	4933	25.0%	22728	45.1%	1938	0	10806	0	40405	80.2%	62.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	6	11	0	0	0	0	0	0	6	11	17
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	7	49	0	0	0	0	0	0	7	49	56
TOTALS	22	81	0	0	0	0	0	0	22	81	103

REHAB & CARE CENTER - JACKSON COUNTY
1441 NORTH 14TH STREET
MURPHYSBORO, IL. 62966

Classification Numbers

License Number	6004816	
Health Service Area	005	
Planning Service Area	077	Jackson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	59	5	0	26	0	103
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	59	5	0	26	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	158	123
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	103	0	0	0	103

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	17.00
Certified Aides	47.00
Other Health Staff	0.00
Non-Health Staff	44.00
Totals	119.00

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
30.0%	46.2%	3.6%	0.0%	20.2%	100.0%		
1,962,591	3,016,752	233,981	0	1,321,994	6,535,318	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RENAISSANCE AT 87TH STREET
2940 WEST 87TH STREET
CHICAGO, IL. 60652

Reference Numbers Facility ID 6014831
Health Service Area 006 Planning Service Area 603

Administrator
Daniel Johnson

Contact Person and Telephone
Lesa Jagusch

Date Completed
4/3/2014

Registered Agent Information
Abraham Stern
10 S. Wacker Drive, 40th Floor
Chicago, IL 60606

Building		Reported Age
Building 1	The Renaissance at 87th St./294	15
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	174
Total Admissions 2013	1,034
Total Discharges 2013	1,032
Residents on 12/31/2013	176

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	18
Endocrine/Metabolic	30
Blood Disorders	5
*Nervous System Non Alzheimer	12
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	15
Digestive System	5
Genitourinary System Disorders	7
Skin Disorders	12
Musculo-skeletal Disorders	33
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	176

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	210	210	203	210	176	34	210	200
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	210	210	203	210	176	34	210	200

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12722	16.6%	46057	63.1%	174	5356	2921	0	67230	87.7%	87.7%
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	12722	16.6%	46057	63.1%	174	5356	2921	0	67230	87.7%	87.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	4	5	0	0	0	0	0	0	4	5	9
60 to 64	5	2	0	0	0	0	0	0	5	2	7
65 to 74	13	15	0	0	0	0	0	0	13	15	28
75 to 84	20	39	0	0	0	0	0	0	20	39	59
85+	14	58	0	0	0	0	0	0	14	58	72
TOTALS	56	120	0	0	0	0	0	0	56	120	176

RENAISSANCE AT 87TH STREET
2940 WEST 87TH STREET
CHICAGO, IL. 60652

Classification Numbers

License Number	6014831	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	133	0	15	7	0	176
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	133	0	15	7	0	176

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	167	0	0	0	167
Hawaiian/Pacific Isl.	0	0	0	0	0
White	8	0	0	0	8
Race Unknown	1	0	0	0	1
Total	176	0	0	0	176

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	175	0	0	0	175
Ethnicity Unknown	0	0	0	0	0
Total	176	0	0	0	176

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	42.75
Certified Aides	72.25
Other Health Staff	11.32
Non-Health Staff	34.00
Totals	174.32

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
17.7%	50.8%	8.7%	18.6%	4.2%	100.0%		
2,173,488	6,250,237	1,068,426	2,288,614	522,455	12,303,220	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RENAISSANCE AT MIDWAY
4437 SOUTH CICERO
CHICAGO, IL. 60632

Reference Numbers Facility ID 6014641
Health Service Area 006 Planning Service Area 603

Administrator
Jeffrey A. Baker

Contact Person and Telephone
Lesa Jagusch

Date Completed
4/4/2014

Registered Agent Information
Abraham Stern
191 N. Wacker Drive
Chicago, IL 60606

Life Care Facility

Building	Reported Age
Building 1 The Renaissance At Midway	14
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	200
Total Admissions 2013	388
Total Discharges 2013	296
Residents on 12/31/2013	292

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	13
Blood Disorders	12
*Nervous System Non Alzheimer	22
Alzheimer Disease	15
Mental Illness	11
Developmental Disability	0
Circulatory System	26
Respiratory System	19
Digestive System	13
Genitourinary System Disorders	2
Skin Disorders	6
Musculo-skeletal Disorders	34
Injuries and Poisonings	4
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	200

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 8

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	249	230	224	230	200	49	249	249
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	249	230	224	230	200	49	249	249

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10585	11.6%	53804	59.2%	3956	2004	2527	0	72876	80.2%	86.8%
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	10585	11.6%	53804	59.2%	3956	2004	2527	0	72876	80.2%	86.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	6	16	0	0	0	0	0	0	6	16	22
45 to 59	11	20	0	0	0	0	0	0	11	20	31
60 to 64	15	21	0	0	0	0	0	0	15	21	36
65 to 74	20	30	0	0	0	0	0	0	20	30	50
75 to 84	22	19	0	0	0	0	0	0	22	19	41
85+	12	8	0	0	0	0	0	0	12	8	20
TOTALS	86	114	0	0	0	0	0	0	86	114	200

RENAISSANCE AT MIDWAY
4437 SOUTH CICERO
CHICAGO, IL. 60632

Classification Numbers

License Number	6014641	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	131	43	3	4	0	200
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	131	43	3	4	0	200

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	168
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	119	0	0	0	119
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	44	0	0	0	44
Total	200	0	0	0	200

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	43	0	0	0	43
Non-Hispanic	157	0	0	0	157
Ethnicity Unknown	0	0	0	0	0
Total	200	0	0	0	200

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	26.00
Certified Aides	92.00
Other Health Staff	42.00
Non-Health Staff	26.00
Totals	201.00

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
14.5%	67.0%	8.6%	7.0%	2.8%	100.0%		
1,765,500	8,143,532	1,044,354	855,891	342,347	12,151,624	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RENAISSANCE AT SOUTH SHORE
2425 EAST 71ST STREET
CHICAGO, IL. 60649

Reference Numbers Facility ID 6014823
Health Service Area 006 Planning Service Area 603

Administrator
Della Richardson

Contact Person and Telephone
DELLA RICHARDSON
773-721-5000

Date Completed
3/25/2014

Registered Agent Information
ABRAHAM STERN
10 S. WACKER Dr., 40th Floor
Chicago, IL 60606

Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	224
Total Admissions 2013	596
Total Discharges 2013	601
Residents on 12/31/2013	219

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
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	0

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 14

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	248	248	248	248	219	29	248	248
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	248	248	248	248	219	29	248	248

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	0	0	0	0	1	2	3
45 to 59	11	13	0	0	0	0	0	0	11	13	24
60 to 64	6	3	0	0	0	0	0	0	6	3	9
65 to 74	22	21	0	0	0	0	0	0	22	21	43
75 to 84	23	47	0	0	0	0	0	0	23	47	70
85+	14	56	0	0	0	0	0	0	14	56	70
TOTALS	77	142	0	0	0	0	0	0	77	142	219

RENAISSANCE AT SOUTH SHORE
2425 EAST 71ST STREET
CHICAGO, IL. 60649

Classification Numbers

License Number	6014823	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	45	143	4	24	3	0	219
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	45	143	4	24	3	0	219

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	201	0	0	0	201
Hawaiian/Pacific Isl.	0	0	0	0	0
White	14	0	0	0	14
Race Unknown	4	0	0	0	4
Total	219	0	0	0	219

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	219	0	0	0	219
Ethnicity Unknown	0	0	0	0	0
Total	219	0	0	0	219

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	13.00
LPN's	53.00
Certified Aides	110.00
Other Health Staff	23.00
Non-Health Staff	80.00
Totals	283.00

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
23.8%	71.7%	2.4%	0.0%	2.1%	100.0%		
3,056,671	9,188,524	306,926	0	267,743	12,819,864	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RENAISSANCE CARE CENTER
1675 EAST ASH STREET
CANTON, IL. 61520

Reference Numbers Facility ID 6006712
Health Service Area 002 Planning Service Area 057

Administrator
Martha Jones

Contact Person and Telephone
Martha Jones
309-647-5631

Date Completed
3/31/2014

Registered Agent Information

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	7
Mental Illness	2
Developmental Disability	0
Circulatory System	10
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 30

Total Residents Reported as Identified Offenders 1

Building		Reported Age
Building 1	100, 200, 300 Wings	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	53
Total Admissions 2013	195
Total Discharges 2013	189
Residents on 12/31/2013	59

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	78	61	78	59	61	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	78	61	78	59	61	120	120

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3150	7.2%	13356	30.5%	0	1057	2113	0	19676	44.9%	69.1%
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	3150	7.2%	13356	30.5%	0	1057	2113	0	19676	44.9%	69.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	3	10	0	0	0	0	0	0	3	10	13
85+	6	18	0	0	0	0	0	0	6	18	24
TOTALS	17	42	0	0	0	0	0	0	17	42	59

RENAISSANCE CARE CENTER
1675 EAST ASH STREET
CANTON, IL. 61520

Classification Numbers

License Number	6006712	
Health Service Area	002	
Planning Service Area	057	Fulton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	37	0	3	5	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	37	0	3	5	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	149
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	9.00
Certified Aides	22.00
Other Health Staff	5.00
Non-Health Staff	18.00
Totals	62.00

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
27.9%	50.8%	1.4%	11.0%	8.9%	100.0%		
1,010,246	1,838,820	49,541	397,447	322,727	3,618,781	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RENAISSANCE CARE CENTER - DD
1675 EAST ASH STREET
CANTON, IL. 61520

Reference Numbers Facility ID 6016083
Health Service Area 002 Planning Service Area 057

Administrator
Martha Jones

Contact Person and Telephone
Martha Jones
309-647-5631

Date Completed
3/31/2014

Registered Agent Information

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	68
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	68

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	100, 200, 300 Wing	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	61
Total Admissions 2013	10
Total Discharges 2013	3
Residents on 12/31/2013	68

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	70	70	70	70	68	2		70
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	70	70	70	70	68	2	0	70

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			23817	93.2%	0	0	193	0	24010	94.0%	94.0%
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	0	0.0%	23817	93.2%	0	0	193	0	24010	94.0%	94.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	5	6	0	0	0	0	5	6	11
18 to 44	0	0	19	24	0	0	0	0	19	24	43
45 to 59	0	0	4	3	0	0	0	0	4	3	7
60 to 64	0	0	3	1	0	0	0	0	3	1	4
65 to 74	0	0	2	1	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	0	0	33	35	0	0	0	0	33	35	68

RENAISSANCE CARE CENTER - DD
1675 EAST ASH STREET
CANTON, IL. 61520

Classification Numbers

License Number	6016083	
Health Service Area	002	
Planning Service Area	057	Fulton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	66	0	0	2	0	68
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	66	0	0	2	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	250	175
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	1	0	0	1
American Indian	0	0	0	0	0
Black	0	28	0	0	28
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	39	0	0	39
Race Unknown	0	0	0	0	0
Total	0	68	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	2	0	0	2
Non-Hispanic	0	66	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	0	68	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	4.00
Certified Aides	33.00
Other Health Staff	3.00
Non-Health Staff	2.00
Totals	51.00

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
0.0%	99.2%	0.0%	0.0%	0.8%	100.0%		
0	4,175,770	0	0	33,775	4,209,545	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RENAISSANCE PARK SOUTH
10935 SOUTH HALSTED STREET
CHICAGO, IL. 60628

Reference Numbers Facility ID 6003958
Health Service Area 006 Planning Service Area 603

Administrator
rolando carter

Contact Person and Telephone
yolanda brown
773-928-2000

Date Completed
4/4/2014

Registered Agent Information
Abraham Stern
191 N Wacker Dr.
Chicago, IL 60606

Life Care Facility

Building		Reported Age
Building 1	Renaissance Park South	37
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	228
Total Admissions 2013	455
Total Discharges 2013	373
Residents on 12/31/2013	310

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	75
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	60
Mental Illness	1
Developmental Disability	0
Circulatory System	77
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	242

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	300	300	249	265	242	58	108	300
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	300	300	249	265	242	58	108	300

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	21549	54.7%	219178	######	94	1626	8115	0	250562	228.8%	228.8%
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	21549	54.7%	219178	######	94	1626	8115	0	250562	228.8%	228.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	1	0	0	0	0	0	0	1	1	2
45 to 59	18	12	0	0	0	0	0	0	18	12	30
60 to 64	17	6	0	0	0	0	0	0	17	6	23
65 to 74	26	28	0	0	0	0	0	0	26	28	54
75 to 84	20	35	0	0	0	0	0	0	20	35	55
85+	31	47	0	0	0	0	0	0	31	47	78
TOTALS	113	129	0	0	0	0	0	0	113	129	242

RENAISSANCE PARK SOUTH
10935 SOUTH HALSTED STREET
CHICAGO, IL. 60628

Classification Numbers

License Number	6003958	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	198	0	10	7	0	242
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	198	0	10	7	0	242

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	233	0	0	0	233
Hawaiian/Pacific Isl.	0	0	0	0	0
White	5	0	0	0	5
Race Unknown	4	0	0	0	4
Total	242	0	0	0	242

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	238	0	0	0	238
Total	242	0	0	0	242

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	4.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	50.00
Certified Aides	126.00
Other Health Staff	32.00
Non-Health Staff	25.00
Totals	257.00

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
17.5%	74.3%	5.5%	0.0%	2.7%	100.0%		
2,175,337	9,252,577	684,355	0	338,733	12,451,002	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RESERVOIR MANOR
419 EAST MAIN P.O. BOX 467
SHELBYVILLE, IL. 62565

Reference Numbers Facility ID 6007835
Health Service Area 004 Planning Service Area 173

Administrator
Charlotte Watton

Contact Person and Telephone
CHARLOTTE WATTON
217-774-9544

Date Completed
4/1/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
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-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	4	0	0	3	4	7
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	8	8	0	0	8	8	16

RESERVOIR MANOR
419 EAST MAIN P.O. BOX 467
SHELBYVILLE, IL. 62565

Classification Numbers

License Number	6007835	
Health Service Area	004	
Planning Service Area	173	Shelby

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	117	117
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.30
LPN's	0.00
Certified Aides	11.00
Other Health Staff	0.00
Non-Health Staff	1.10
Totals	13.90

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	505,861	0	0	0	505,861	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

REST HAVEN MANOR
120 WEST MAIN
ALBION, IL. 62806

Reference Numbers Facility ID 6007850
Health Service Area 005 Planning Service Area 047

Administrator
Jane Harris

Contact Person and Telephone
JANE HARRIS
618-445-2127

Date Completed
4/2/2014

Registered Agent Information
Roscoe D. Cunningham
Box 511
Lawrenceville, IL 62439

Building	Reported Age
Building 1	50
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	30
Total Admissions 2013	13
Total Discharges 2013	17
Residents on 12/31/2013	26

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	26

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	36	30	36	26	23	0	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	49	36	30	36	26	23	0	49

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	4359	24.4%	16	0	5335	0	9710	54.3%	73.9%
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	0	0.0%	4359	24.4%	16	0	5335	0	9710	54.3%	73.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	5	13	0	0	0	0	0	0	5	13	18
TOTALS	10	16	0	0	0	0	0	0	10	16	26

REST HAVEN MANOR
120 WEST MAIN
ALBION, IL. 62806

Classification Numbers

License Number	6007850	
Health Service Area	005	
Planning Service Area	047	Edwards/Wabash

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	12	0	0	14	0	26
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	14	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	26	0	0	0	26
Race Unknown	0	0	0	0	0
Total	26	0	0	0	26

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	26	0	0	0	26
Ethnicity Unknown	0	0	0	0	0
Total	26	0	0	0	26

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	3.00
Certified Aides	13.00
Other Health Staff	1.00
Non-Health Staff	12.00
Totals	35.00

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
0.0%	19.6%	0.0%	0.0%	80.4%	100.0%		
0	228,491	0	0	940,202	1,168,693	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RESTHAVE HOME - WHITESIDE COUNTY
408 MAPLE AVENUE
MORRISON, IL. 61270

Reference Numbers Facility ID 6007884
Health Service Area 001 Planning Service Area 195

Administrator
Tami Tegeler

Contact Person and Telephone
Mary Burgess RN, CRRN
815-772-4021

Date Completed
3/31/2014

Registered Agent Information
Tami Tegeler
408 Maple Ave.
Morrison, IL 61270

Building		Reported Age
Building 1	Nursing Home/Sheltered Care	52
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	62
Total Admissions 2013	23
Total Discharges 2013	43
Residents on 12/31/2013	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	18
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	42

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	45	44	13	38	11	0	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	22	22	4	4	-4		
TOTAL BEDS	49	67	66	17	42	7	0	49

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	5022	28.1%	0	0	10267	0	15289	85.5%	93.1%
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	3327	0	3327	0.0%	41.4%
TOTALS	0	0.0%	5022	28.1%	0	0	13594	0	18616	104.1%	76.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	5	0	0	0	0	0	0	0	5	5
85+	5	28	0	0	0	0	0	4	5	32	37
TOTALS	5	33	0	0	0	0	0	4	5	37	42

RESTHAVE HOME - WHITESIDE COUNTY
408 MAPLE AVENUE
MORRISON, IL. 61270

Classification Numbers

License Number	6007884	
Health Service Area	001	
Planning Service Area	195	Whiteside

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	13	0	0	25	0	38
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	4	0	4
TOTALS	0	13	0	0	29	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	96	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	4	42
Race Unknown	0	0	0	0	0
Total	38	0	0	4	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	38	0	0	4	42
Ethnicity Unknown	0	0	0	0	0
Total	38	0	0	4	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	28.00
Other Health Staff	19.00
Non-Health Staff	11.50
Totals	72.50

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%	14.8%	0.0%	0.0%	85.2%	100.0%		
0	455,072	0	0	2,622,848	3,077,920	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RICE HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6013247
Health Service Area 006 Planning Service Area 601

Administrator
Michael Diaz

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Date Completed
3/22/2014

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Building	Reported Age
Building 1 Rice House	31
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	######	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	######	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	12	0	0	0	12	12
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	0	12	0	0	0	12	12

RICE HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Classification Numbers

License Number	6013247	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	6.20
Other Health Staff	2.87
Non-Health Staff	0.33
Totals	9.80

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%	87.5%	12.2%	0.0%	0.3%	100.0%		
0	594,451	82,924	0	2,280	679,655	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RICHLAND CARE & REHAB
410 EAST MACK
OLNEY, IL. 62450

Reference Numbers Facility ID 6006910
Health Service Area 005 Planning Service Area 159

Administrator
Chuck Schuette

Contact Person and Telephone
Stephen Miller

Registered Agent Information **Date Completed** 4/1/2014

Life Care Facility

Building		Reported Age
Building 1	original building- 1976	38
Building 2	Whisper Grove-1991	23
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	65
Total Admissions 2013	111
Total Discharges 2013	107
Residents on 12/31/2013	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	13
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	118	118	75	118	69	49	118	118
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	118	118	75	118	69	49	118	118

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5191	12.1%	18312	42.5%	175	133	1202	0	25013	58.1%	58.1%
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	5191	12.1%	18312	42.5%	175	133	1202	0	25013	58.1%	58.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	0	0	0	0	0	0	0	3	3
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	8	12	0	0	0	0	0	0	8	12	20
85+	5	19	0	0	0	0	0	0	5	19	24
TOTALS	24	45	0	0	0	0	0	0	24	45	69

RICHLAND CARE & REHAB
410 EAST MACK
OLNEY, IL. 62450

Classification Numbers

License Number	6006910	
Health Service Area	005	
Planning Service Area	159	Richland

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	43	1	0	3	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	43	1	0	3	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	118
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	5.00
Certified Aides	16.00
Other Health Staff	3.00
Non-Health Staff	10.00
Totals	42.00

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
58.4%	36.3%	0.4%	1.6%	3.4%	100.0%		
2,618,000	1,625,000	16,000	70,000	151,000	4,480,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RICHLAND MANOR
1066 WEST MAIN P.O. BOX 10
OLNEY, IL. 62450

Reference Numbers Facility ID 6007900
Health Service Area 005 Planning Service Area 159

Administrator
Libby Riggs

Contact Person and Telephone
Libby Riggs
618-395-2437

Date Completed
3/5/2014

Registered Agent Information
Terry Lynn Elwood
122 N. Hotze Road, PO Box 745
Salem, IL 62881

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Richland Manor	28
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	15

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5012	85.8%	0	0	0	0	5012	85.8%	85.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5012	85.8%	0	0	0	0	5012	85.8%	85.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	1	0	0	0	1	1
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	2	3	0	0	2	3	5
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	10	6	0	0	10	6	16

RICHLAND MANOR
1066 WEST MAIN P.O. BOX 10
OLNEY, IL. 62450

Classification Numbers

License Number	6007900	
Health Service Area	005	
Planning Service Area	159	Richland

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	130
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	11.00
Other Health Staff	1.00
Non-Health Staff	1.75
Totals	14.75

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	606,568	0	0	0	606,568	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RICHLAND MEMORIAL HOSPITAL
800 EAST LOCUST
OLNEY, IL. 62450

Reference Numbers Facility ID 6010581
Health Service Area 005 Planning Service Area 159

Administrator
Georgia Vaupel, RN,LNHA

Contact Person and Telephone
GEORGIA VAUPEL, RN
618-395-2131 Ext: 4336

Date Completed
3/24/2014

Registered Agent Information

Building		Reported Age
Building 1	Richland Memorial Hospital-LTC	62
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	28
Total Admissions 2013	230
Total Discharges 2013	229
Residents on 12/31/2013	29

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	29

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	34	34	34	34	29	5	14	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	34	34	34	34	29	5	14	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3186	62.3%	0	0.0%	0	48	7476	0	10710	86.3%	86.3%
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	3186	62.3%	0	0.0%	0	48	7476	0	10710	86.3%	86.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	10	0	0	0	0	0	0	0	10	10
85+	5	14	0	0	0	0	0	0	5	14	19
TOTALS	5	24	0	0	0	0	0	0	5	24	29

RICHLAND MEMORIAL HOSPITAL
800 EAST LOCUST
OLNEY, IL. 62450

Classification Numbers

License Number	6010581	
Health Service Area	005	
Planning Service Area	159	Richland

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	0	0	0	20	0	29
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	0	0	0	20	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	143
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	29	0	0	0	29
Race Unknown	0	0	0	0	0
Total	29	0	0	0	29

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	29	0	0	0	29
Ethnicity Unknown	0	0	0	0	0
Total	29	0	0	0	29

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.50
LPN's	2.70
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	2.90
Totals	23.10

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
49.7%	0.0%	0.0%	1.1%	49.2%	100.0%		
965,317	0	0	21,780	954,865	1,941,962	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIDGE TERRACE
2911 HIGHLANDVIEW DRIVE
FREEPORT, IL. 61032

Reference Numbers Facility ID 6010847
Health Service Area 001 Planning Service Area 177

Administrator
Steve Bennett

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Ridge Terrace	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4835	82.8%	0	0	0	0	4835	82.8%	82.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4835	82.8%	0	0	0	0	4835	82.8%	82.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	0	0	0	3	0	3
45 to 59	0	0	0	0	2	6	0	0	2	6	8
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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	5	9	0	0	5	9	14

RIDGE TERRACE
2911 HIGHLANDVIEW DRIVE
FREEPORT, IL. 61032

Classification Numbers

License Number	6010847	
Health Service Area	001	
Planning Service Area	177	Stephenson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	126
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	682,318	0	0	0	682,318	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIDGEVIEW CARE CENTER
413 RIDGE LANE
OBLONG, IL. 62449

Reference Numbers Facility ID 6007942
Health Service Area 005 Planning Service Area 033

Administrator
Sarah Griesemer

Contact Person and Telephone
SARAH GRIESEMER
618-592-4228

Date Completed
4/3/2014

Registered Agent Information
Sarah Griesemer
6281 North Frontage Lane

Life Care Facility

Building		Reported Age
Building 1	Ridgeview Care Center	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	45
Total Admissions 2013	54
Total Discharges 2013	47
Residents on 12/31/2013	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	11
Mental Illness	1
Developmental Disability	0
Circulatory System	28
Respiratory System	7
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	52

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	55	55	55	55	52	3	10	50
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	55	55	55	55	52	3	10	50

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1560	42.7%	6503	35.6%	0	900	8476	0	17439	86.9%	86.9%
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	1560	42.7%	6503	35.6%	0	900	8476	0	17439	86.9%	86.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	2	16	0	0	0	0	0	0	2	16	18
85+	7	26	0	0	0	0	0	0	7	26	33
TOTALS	10	42	0	0	0	0	0	0	10	42	52

RIDGEVIEW CARE CENTER
413 RIDGE LANE
OBLONG, IL. 62449

Classification Numbers

License Number	6007942	
Health Service Area	005	
Planning Service Area	033	Crawford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	21	0	4	20	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	21	0	4	20	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	52	0	0	0	52
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.70
LPN's	5.20
Certified Aides	21.10
Other Health Staff	2.20
Non-Health Staff	14.40
Totals	47.60

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
3.1%	42.9%	0.0%	7.9%	46.1%	100.0%		
66,205	902,433	0	165,889	970,535	2,105,062	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/1/2012	Change of ownership occurred.
CHOW	5/23/2012	Change of ownership occurred.

RIDGEVIEW REHABILITATION & NURSING
6450 NORTH RIDGE BLVD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6003453
Health Service Area 006 Planning Service Area 601

Administrator
Debra Brown

Contact Person and Telephone
DEBRA BROWN
773-743-8700

Date Completed
4/3/2014

Registered Agent Information
Abraham Stern
191 N Wacker Drive Suite 1800
Chicago, IL 60626

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	128
Total Admissions 2013	218
Total Discharges 2013	218
Residents on 12/31/2013	128

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	7
*Nervous System Non Alzheimer	9
Alzheimer Disease	64
Mental Illness	0
Developmental Disability	4
Circulatory System	9
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	119

Total Residents Diagnosed as Mentally Ill 114

Total Residents Reported as Identified Offenders 18

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	136	136	136	136	119	17	110	136
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	136	136	136	136	119	17	110	136

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4725	11.8%	40348	81.3%	705	0	552	0	46330	93.3%	93.3%
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	4725	11.8%	40348	81.3%	705	0	552	0	46330	93.3%	93.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	2	0	0	0	0	0	0	3	2	5
45 to 59	37	11	0	0	0	0	0	0	37	11	48
60 to 64	13	6	0	0	0	0	0	0	13	6	19
65 to 74	24	8	0	0	0	0	0	0	24	8	32
75 to 84	7	6	0	0	0	0	0	0	7	6	13
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	84	35	0	0	0	0	0	0	84	35	119

RIDGEVIEW REHABILITATION & NURSING
6450 NORTH RIDGE BLVD
CHICAGO, IL. 60626

Classification Numbers

License Number	6003453	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	95	5	0	1	0	119
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	95	5	0	1	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	46	0	0	0	46
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	119	0	0	0	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	0	0	0	0	0
Total	119	0	0	0	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	18.00
Certified Aides	30.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	81.00

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
18.7%	77.8%	1.7%	0.0%	1.9%	100.0%		
1,308,591	5,439,840	116,613	0	131,214	6,996,258	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIDGWAY REHAB AND NURSING CTR
900 WEST RACE STREET
RIDGWAY, IL. 62979

Reference Numbers Facility ID 6007975
Health Service Area 005 Planning Service Area 059

Administrator
Carolyn Dutton

Contact Person and Telephone
Carolyn Dutton
618-272-8831

Date Completed
4/3/2014

Registered Agent Information
Lawrence Y. Schwartz ESQ
8170 N.McCormick BLVD Suite 219
Skokie, IL 60076

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	36
Total Admissions 2013	42
Total Discharges 2013	43
Residents on 12/31/2013	35

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	35

Total Residents Diagnosed as Mentally Ill 18

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	71	60	41	60	35	36	25	71
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	71	60	41	60	35	36	25	71

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1059	11.6%	10127	39.1%	0	0	2444	0	13630	52.6%	62.2%
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	1059	11.6%	10127	39.1%	0	0	2444	0	13630	52.6%	62.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	4	4	0	0	0	0	0	0	4	4	8
85+	0	8	0	0	0	0	0	0	0	8	8
TOTALS	11	24	0	0	0	0	0	0	11	24	35

RIDGWAY REHAB AND NURSING CTR
900 WEST RACE STREET
RIDGWAY, IL. 62979

Classification Numbers

License Number	6007975	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	28	0	0	6	0	35
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	28	0	0	6	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	110
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	0	0	0	0	0
Total	35	0	0	0	35

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	0	35
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	0	35

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.50
LPN's	3.50
Certified Aides	11.00
Other Health Staff	5.00
Non-Health Staff	17.00
Totals	40.00

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
23.7%	61.5%	0.0%	1.0%	13.8%	100.0%		
470,279	1,223,134	0	19,362	274,633	1,987,408	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIVER BLUFF NURSING HOME
4401 NORTH MAIN STREET
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6008007
Health Service Area 001 Planning Service Area 201

Administrator
Pamela Gentner

Contact Person and Telephone
PAMELA GENTNER

Date Completed
4/2/2014

Registered Agent Information
Scott Christiansen, Chairman Winnebag
404 Elm Street
Rockford, IL 61101

Building	Reported Age
Building 1 River Bluff Nursing Home	43
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	204
Total Admissions 2013	126
Total Discharges 2013	127
Residents on 12/31/2013	203

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	79
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	6
Other Medical Conditions	99
Non-Medical Conditions	0
TOTALS	203

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	304	223	209	223	203	101	76	304
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	304	223	209	223	203	101	76	304

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3883	14.0%	56678	51.1%	0	0	12565	0	73126	65.9%	89.8%
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	3883	14.0%	56678	51.1%	0	0	12565	0	73126	65.9%	89.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	7	14	0	0	0	0	0	0	7	14	21
75 to 84	20	32	0	0	0	0	0	0	20	32	52
85+	19	99	0	0	0	0	0	0	19	99	118
TOTALS	53	150	0	0	0	0	0	0	53	150	203

RIVER BLUFF NURSING HOME
4401 NORTH MAIN STREET
ROCKFORD, IL. 61103

Classification Numbers

License Number	6008007	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	142	0	0	47	0	203
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	142	0	0	47	0	203

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	1	0	0	0	1
White	193	0	0	0	193
Race Unknown	0	0	0	0	0
Total	203	0	0	0	203

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	200	0	0	0	200
Ethnicity Unknown	0	0	0	0	0
Total	203	0	0	0	203

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	28.00
Certified Aides	116.00
Other Health Staff	0.00
Non-Health Staff	85.00
Totals	255.00

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
26.7%	46.7%	0.0%	0.0%	26.6%	100.0%		
2,934,181	5,124,087	0	0	2,914,297	10,972,565	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIVER COURT
760 EAST RIVER STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013718
Health Service Area 009 Planning Service Area 091

Administrator
Jennifer Allsopp

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 River Court	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1460	######	0	0	0	0	1460	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	######	0	0	0	0	1460	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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	0	4	0	0	0	4	4

RIVER COURT
760 EAST RIVER STREET
KANKAKEE, IL. 60901

Classification Numbers

License Number	6013718	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	234
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	3	0	3
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

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	342,516	0	0	0	342,516	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIVER OAKS HEALTHCARE AND REHAB
14500 SOUTH MANISTEE
BURNHAM, IL. 60633

Reference Numbers Facility ID 6001283
Health Service Area 007 Planning Service Area 705

Administrator
fred berkovits

Contact Person and Telephone
fred berkovits
708-862-1260

Date Completed
3/25/2014

Registered Agent Information
avrum weinfeld
6865 n lincoln ave
Liincolnwood, IL 60712

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	277
Total Admissions 2013	370
Total Discharges 2013	384
Residents on 12/31/2013	263

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	22
Blood Disorders	20
*Nervous System Non Alzheimer	21
Alzheimer Disease	1
Mental Illness	128
Developmental Disability	0
Circulatory System	38
Respiratory System	18
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	263

Total Residents Diagnosed as Mentally Ill 128

Total Residents Reported as Identified Offenders 40

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	309	309	282	309	263	46	58	309
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	309	309	282	309	263	46	58	309

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	11717	55.3%	95928	85.1%	0	56	199	0	107900	95.7%	95.7%
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	11717	55.3%	95928	85.1%	0	56	199	0	107900	95.7%	95.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	80	18	0	0	0	0	0	0	80	18	98
45 to 59	35	40	0	0	0	0	0	0	35	40	75
60 to 64	29	13	0	0	0	0	0	0	29	13	42
65 to 74	20	16	0	0	0	0	0	0	20	16	36
75 to 84	3	7	0	0	0	0	0	0	3	7	10
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	167	96	0	0	0	0	0	0	167	96	263

RIVER OAKS HEALTHCARE AND REHAB
14500 SOUTH MANISTEE
BURNHAM, IL. 60633

Classification Numbers

License Number	6001283	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	237	0	0	0	0	263
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	237	0	0	0	0	263

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	174	0	0	0	174
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	6	0	0	0	6
Total	263	0	0	0	263

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	253	0	0	0	253
Ethnicity Unknown	0	0	0	0	0
Total	263	0	0	0	263

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	28.00
Certified Aides	61.00
Other Health Staff	6.00
Non-Health Staff	86.00
Totals	194.00

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
32.5%	67.3%	0.0%	0.1%	0.2%	100.0%		
4,903,077	10,153,935	0	8,222	27,925	15,093,159	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	11/1/2012	Formerly 'Burnham Healthcare'.
CHOW	11/1/2012	Change of Ownership occurred.

RIVERSHORES HEALTHCARE AND REHAB CENT
578 WEST COMMERCIAL STREET
MARSEILLES, IL. 61341

Reference Numbers Facility ID 6008015
Health Service Area 002 Planning Service Area 099

Administrator
Tina Larsen McCoy

Contact Person and Telephone
Tina Larsen McCoy
815-795-5121

Date Completed
3/25/2014

Registered Agent Information
Stan Klem
4600 W. Touhy Ave Suite 200
Liincolnwood, IL 60712

Building		Reported Age
Building 1	North end of Main building (conn	50
Building 2	South end of Main building (con	40
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	76
Total Admissions 2013	116
Total Discharges 2013	109
Residents on 12/31/2013	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	21
Mental Illness	2
Developmental Disability	2
Circulatory System	12
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	6
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	83

Total Residents Diagnosed as Mentally Ill 18

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	103	93	87	93	83	20	103	102
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	103	93	87	93	83	20	103	102

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2768	7.4%	19828	53.3%	0	195	2425	1442	26658	70.9%	78.5%
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	2768	7.4%	19828	53.3%	0	195	2425	1442	26658	70.9%	78.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	8	1	0	0	0	0	0	0	8	1	9
60 to 64	7	5	0	0	0	0	0	0	7	5	12
65 to 74	11	16	0	0	0	0	0	0	11	16	27
75 to 84	7	14	0	0	0	0	0	0	7	14	21
85+	3	11	0	0	0	0	0	0	3	11	14
TOTALS	36	47	0	0	0	0	0	0	36	47	83

RIVERSHORES HEALTHCARE AND REHAB CENT
578 WEST COMMERCIAL STREET
MARSEILLES, IL. 61341

Classification Numbers

License Number	6008015	
Health Service Area	002	
Planning Service Area	099	LaSalle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	61	0	0	7	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	61	0	0	7	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	7.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	24.00
Totals	63.00

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
28.7%	56.8%	0.0%	1.8%	12.7%	100.0%		
1,454,637	2,879,535	0	89,936	641,503	5,065,611	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIVERSIDE FOUNDATION
14588 WEST HIGHWAY 22
LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID 6008023
Health Service Area 008 Planning Service Area 097

Administrator
Deborah L. Rogers

Contact Person and Telephone
TERRIE DREWNIAK
847-634-3973

Date Completed
4/2/2014

Registered Agent Information
Deborah L. Rogers
14588 W Highway 22
Lincolnshire, IL 60069

Building	Reported Age
Building 1 Riverside Foundation (residential	47
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	97
Total Admissions 2013	3
Total Discharges 2013	4
Residents on 12/31/2013	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	97
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	97

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	97	97	97	97	97	0		97
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	97	97	97	97	97	0	0	97

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			0	0.0%	97	0	0	0	97	0.3%	0.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	97	0	0	0	97	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	19	0	0	0	19	19
18 to 44	0	0	0	0	8	23	0	0	8	23	31
45 to 59	0	0	0	0	19	6	0	0	19	6	25
60 to 64	0	0	0	0	6	4	0	0	6	4	10
65 to 74	0	0	0	0	8	0	0	0	8	0	8
75 to 84	0	0	0	0	4	0	0	0	4	0	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	45	52	0	0	45	52	97

RIVERSIDE FOUNDATION
14588 WEST HIGHWAY 22
LINCOLNSHIRE, IL. 60069

Classification Numbers

License Number	6008023	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		97	0	0	0	0	97
Sheltered Care			0	0	0	0	0
TOTALS	0	97	0	0	0	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	4	0	4
American Indian	0	0	0	0	0
Black	0	0	12	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	81	0	81
Race Unknown	0	0	0	0	0
Total	0	0	97	0	97

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	96	0	96
Ethnicity Unknown	0	0	0	0	0
Total	0	0	97	0	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	5.00
Certified Aides	52.00
Other Health Staff	0.00
Non-Health Staff	45.00
Totals	109.00

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
0.0%	85.9%	0.6%	0.0%	13.5%	100.0%		
0	4,088,007	28,446	0	640,640	4,757,093	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIVERWOOD REHAB
430 30TH AVENUE
EAST MOLINE, IL. 61244

Reference Numbers Facility ID 6002646
Health Service Area 010 Planning Service Area 161

Administrator
Cindy Brill

Contact Person and Telephone
Cindy Brill
309-755-3466

Date Completed
4/7/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	66
Total Admissions 2013	141
Total Discharges 2013	119
Residents on 12/31/2013	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	35
Developmental Disability	1
Circulatory System	0
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	46
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 35

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	92	120	88	32	72	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	92	120	88	32	72	120

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2653	10.1%	19458	44.4%	2362	0	1437	0	25910	59.2%	59.2%
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	2653	10.1%	19458	44.4%	2362	0	1437	0	25910	59.2%	59.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	7	5	0	0	0	0	0	0	7	5	12
60 to 64	2	9	0	0	0	0	0	0	2	9	11
65 to 74	12	11	0	0	0	0	0	0	12	11	23
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	7	10	0	0	0	0	0	0	7	10	17
TOTALS	36	52	0	0	0	0	0	0	36	52	88

RIVERWOOD REHAB
430 30TH AVENUE
EAST MOLINE, IL. 61244

Classification Numbers

License Number	6002646	
Health Service Area	010	
Planning Service Area	161	Rock Island

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	67	12	0	4	0	87
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	67	12	0	4	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	137
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	8.00
Certified Aides	38.00
Other Health Staff	3.00
Non-Health Staff	38.00
Totals	96.00

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
7.4%	74.6%	10.1%	0.0%	7.9%	100.0%		
136,119	1,378,256	186,879	0	145,277	1,846,531	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIVIERA CARE CENTER
490 WEST 16TH PLACE
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6008064
Health Service Area 007 Planning Service Area 705

Administrator
HEATHER BASSETT

Contact Person and Telephone
HEATHER BASSETT
708-481-4444

Date Completed
3/25/2014

Registered Agent Information
Frederick Frankel
8131 N.Monticello Ave.
Skokie, IL 60076

Building	Reported Age
Building 1	47
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	186
Total Admissions 2013	115
Total Discharges 2013	114
Residents on 12/31/2013	187

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	59
Blood Disorders	0
*Nervous System Non Alzheimer	35
Alzheimer Disease	0
Mental Illness	50
Developmental Disability	0
Circulatory System	0
Respiratory System	40
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	187

Total Residents Diagnosed as Mentally Ill 187

Total Residents Reported as Identified Offenders 37

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	200	200	198	200	187	13	45	190
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	200	200	198	200	187	13	45	190

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	70603	######	0	41	0	0	70644	96.8%	96.8%
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	0	0.0%	70603	######	0	41	0	0	70644	96.8%	96.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	44	14	0	0	0	0	0	0	44	14	58
45 to 59	69	31	0	0	0	0	0	0	69	31	100
60 to 64	19	4	0	0	0	0	0	0	19	4	23
65 to 74	3	1	0	0	0	0	0	0	3	1	4
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	137	50	0	0	0	0	0	0	137	50	187

RIVIERA CARE CENTER
490 WEST 16TH PLACE
CHICAGO HEIGHTS, IL. 60411

Classification Numbers

License Number	6008064	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	187	0	0	0	0	187
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	187	0	0	0	0	187

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	123	0	0	0	123
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	187	0	0	0	187

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	183	0	0	0	183
Total	187	0	0	0	187

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	19.00
Certified Aides	33.00
Other Health Staff	42.00
Non-Health Staff	16.00
Totals	116.00

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
0.0%	99.9%	0.0%	0.0%	0.1%	100.0%		
0	8,345,441	0	0	10,922	8,356,363	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROBING'S MANOR REHAB & HLTH CARE
502 NORTH MAIN
BRIGHTON, IL. 62012

Reference Numbers Facility ID 6008072
Health Service Area 003 Planning Service Area 117

Administrator
Susan Shaw

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/27/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Robings Manor/Nursing Home	40
Building 2	Robings Manor/Nursing Home	40
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	60
Total Admissions 2013	39
Total Discharges 2013	44
Residents on 12/31/2013	55

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	19
Mental Illness	5
Developmental Disability	3
Circulatory System	9
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	5
TOTALS	55

Total Residents Diagnosed as Mentally Ill 14

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	75	75	62	75	55	20	32	75
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	75	75	62	75	55	20	32	75

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	915	7.8%	14417	52.7%	820	82	2805	0	19039	69.5%	69.5%
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	915	7.8%	14417	52.7%	820	82	2805	0	19039	69.5%	69.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	8	0	0	0	0	0	0	0	8	0	8
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	2	8	0	0	0	0	0	0	2	8	10
85+	6	16	0	0	0	0	0	0	6	16	22
TOTALS	22	33	0	0	0	0	0	0	22	33	55

ROBING'S MANOR REHAB & HLTH CARE
502 NORTH MAIN
BRIGHTON, IL. 62012

Classification Numbers

License Number	6008072	
Health Service Area	003	
Planning Service Area	117	Macoupin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	43	0	1	8	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	43	0	1	8	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	5.00
Certified Aides	25.00
Other Health Staff	5.00
Non-Health Staff	16.00
Totals	60.00

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
6.5%	72.9%	0.0%	1.5%	19.2%	100.0%		
153,524	1,722,904	0	34,515	452,790	2,363,733	4,028	0.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROCHELLE GARDENS CARE CENTER
1021 CARON ROAD
ROCHELLE, IL. 61068

Reference Numbers Facility ID 6008098
Health Service Area 001 Planning Service Area 141

Administrator
Ashley Acri

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/4/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Rochelle Gardens Care Center/	54
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	53
Total Admissions 2013	51
Total Discharges 2013	42
Residents on 12/31/2013	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	59
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	62

Total Residents Diagnosed as Mentally Ill 60

Total Residents Reported as Identified Offenders 12

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	74	71	62	71	62	12	0	74
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	71	62	71	62	12	0	74

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	434	0.0%	17227	63.8%	1585	0	631	0	19877	73.6%	76.7%
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	434	0.0%	17227	63.8%	1585	0	631	0	19877	73.6%	76.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	4	0	0	0	0	0	0	6	4	10
45 to 59	11	10	0	0	0	0	0	0	11	10	21
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	6	2	0	0	0	0	0	0	6	2	8
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	33	29	0	0	0	0	0	0	33	29	62

ROCHELLE GARDENS CARE CENTER
1021 CARON ROAD
ROCHELLE, IL. 61068

Classification Numbers

License Number	6008098	
Health Service Area	001	
Planning Service Area	141	Ogle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	57	3	0	1	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	57	3	0	1	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	1.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	33.00

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
1.8%	95.9%	0.0%	0.0%	2.3%	100.0%		
38,284	2,055,315	0	0	48,486	2,142,085	1,755	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROCHELLE REHAB & HEALTH CARE
900 NORTH 3RD STREET
ROCHELLE, IL. 61068

Reference Numbers Facility ID 6008106
Health Service Area 001 Planning Service Area 141

Administrator
Linda Houlihan

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/27/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Rochelle Rehab & Health Care	47
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	44
Total Admissions 2013	111
Total Discharges 2013	122
Residents on 12/31/2013	33

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	19
Developmental Disability	0
Circulatory System	2
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	33

Total Residents Diagnosed as Mentally Ill 24

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	50	50	46	50	33	17	50	50
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	50	50	46	50	33	17	50	50

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4182	22.9%	3966	21.7%	443	163	5747	0	14501	79.5%	79.5%
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	4182	22.9%	3966	21.7%	443	163	5747	0	14501	79.5%	79.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	6	2	0	0	0	0	0	0	6	2	8
85+	9	9	0	0	0	0	0	0	9	9	18
TOTALS	20	13	0	0	0	0	0	0	20	13	33

ROCHELLE REHAB & HEALTH CARE
900 NORTH 3RD STREET
ROCHELLE, IL. 61068

Classification Numbers

License Number	6008106	
Health Service Area	001	
Planning Service Area	141	Ogle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	6	0	17	0	0	33
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	6	0	17	0	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	33	0	0	0	33

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	32	0	0	0	32
Ethnicity Unknown	0	0	0	0	0
Total	33	0	0	0	33

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	5.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	9.00
Totals	32.00

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
31.7%	32.7%	0.0%	0.2%	35.4%	100.0%		
660,895	682,602	0	3,211	738,472	2,085,180	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROCK FALLS REHAB & HEALTHCARE
430 MARTIN ROAD
ROCK FALLS, IL. 61071

Reference Numbers Facility ID 6008114
Health Service Area 001 Planning Service Area 195

Administrator
Vicki Villa

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/2/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Rock Falls RHCC/Nursing Home	42
Building 2	Rock Falls RHCC/Nursing Home	42
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	40
Total Admissions 2013	60
Total Discharges 2013	71
Residents on 12/31/2013	29

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	29

Total Residents Diagnosed as Mentally Ill 16

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	57	51	43	51	29	28	0	57
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	57	51	43	51	29	28	0	57

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	582	0.0%	8636	41.5%	1254	0	2268	0	12740	61.2%	68.4%
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	582	0.0%	8636	41.5%	1254	0	2268	0	12740	61.2%	68.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	6	6	0	0	0	0	0	0	6	6	12
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	14	15	0	0	0	0	0	0	14	15	29

ROCK FALLS REHAB & HEALTHCARE
430 MARTIN ROAD
ROCK FALLS, IL. 61071

Classification Numbers

License Number	6008114	
Health Service Area	001	
Planning Service Area	195	Whiteside

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	24	0	0	4	0	29
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	24	0	0	4	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	28	0	0	0	28
Race Unknown	0	0	0	0	0
Total	29	0	0	0	29

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	26	0	0	0	26
Ethnicity Unknown	0	0	0	0	0
Total	29	0	0	0	29

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	5.00
Certified Aides	17.00
Other Health Staff	18.00
Non-Health Staff	0.00
Totals	43.00

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
7.5%	74.0%	0.0%	0.6%	17.9%	100.0%		
126,019	1,243,700	0	10,078	300,210	1,680,007	1,112	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROCK ISLAND NURSING & REHAB CENTER
2545 24TH STREET
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6008130
Health Service Area 010 Planning Service Area 161

Administrator
Shaila Hart

Contact Person and Telephone
Shaila Hart
309-788-0458

Date Completed
4/10/2014

Registered Agent Information
Mr. Tom Winter
6840 North Lincoln Avenue
Liincolnwood, IL 60712

Life Care Facility

Building		Reported Age
Building 1	Rock Island Nursing and Rehabil	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	120
Total Admissions 2013	97
Total Discharges 2013	105
Residents on 12/31/2013	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	35
Mental Illness	6
Developmental Disability	0
Circulatory System	10
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	6
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 33

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	177	177	112	177	112	65	177	177
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	177	177	112	177	112	65	177	177

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2398	3.7%	6470	10.0%	1377	483	168	0	10896	16.9%	16.9%
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	2398	3.7%	6470	10.0%	1377	483	168	0	10896	16.9%	16.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	5	0	0	0	0	0	0	1	5	6
45 to 59	11	13	0	0	0	0	0	0	11	13	24
60 to 64	7	7	0	0	0	0	0	0	7	7	14
65 to 74	13	14	0	0	0	0	0	0	13	14	27
75 to 84	8	18	0	0	0	0	0	0	8	18	26
85+	5	10	0	0	0	0	0	0	5	10	15
TOTALS	45	67	0	0	0	0	0	0	45	67	112

ROCK ISLAND NURSING & REHAB CENTER
2545 24TH STREET
ROCK ISLAND, IL. 61201

Classification Numbers

License Number	6008130	
Health Service Area	010	
Planning Service Area	161	Rock Island

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	103	0	2	1	0	112
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	103	0	2	1	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	29	0	0	0	29
Hawaiian/Pacific Isl.	1	0	0	0	1
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	2	0	0	0	2
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	15.00
Certified Aides	26.00
Other Health Staff	2.00
Non-Health Staff	25.00
Totals	77.00

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
0.0%	70.1%	2.8%	6.2%	20.9%	100.0%		
1,422	4,309,953	171,987	380,890	1,287,850	6,152,102	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROCKTON COURT
2615 NORTH ROCKTON AVENUE
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6013841
Health Service Area 001 Planning Service Area 201

Administrator
Steve Bennett

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Rockton Court	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	6
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1775	81.1%	0	365	0	0	2140	97.7%	97.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1775	81.1%	0	365	0	0	2140	97.7%	97.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	5	0	0	0	5	5
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	0	6	0	0	0	6	6

ROCKTON COURT
2615 NORTH ROCKTON AVENUE
ROCKFORD, IL. 61101

Classification Numbers

License Number	6013841	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		5	0	1	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	5	0	1	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	196
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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%	86.0%	0.0%	14.0%	0.0%	100.0%		
0	340,809	0	55,600	0	396,409	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROLLING HILLS MANOR
3615 16TH STREET
ZION, IL. 60099

Reference Numbers Facility ID 6008163
Health Service Area 008 Planning Service Area 097

Administrator
MIRON TABIC

Contact Person and Telephone
MIRON TABIC
847-746-8382

Date Completed
3/12/2014

Registered Agent Information
JAMES S. STEFO, JR.
3521 16TH STREET
Zion, IL 60099

Continuing Care Retirement Community

Building		Reported Age
Building 1	ROLLING HILLS MANOR - SNF	44
Building 2	ROLLING HILLS PLACE - AL	13
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	98
Total Admissions 2013	668
Total Discharges 2013	662
Residents on 12/31/2013	104

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	11
Developmental Disability	1
Circulatory System	19
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	104

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	115	110	115	104	11	115	87
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	115	115	110	115	104	11	115	87

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14015	33.4%	15551	49.0%	0	1010	7036	53	37665	89.7%	89.7%
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	14015	33.4%	15551	49.0%	0	1010	7036	53	37665	89.7%	89.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	11	27	0	0	0	0	0	0	11	27	38
85+	14	41	0	0	0	0	0	0	14	41	55
TOTALS	28	76	0	0	0	0	0	0	28	76	104

ROLLING HILLS MANOR
3615 16TH STREET
ZION, IL. 60099

Classification Numbers

License Number	6008163	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	44	0	0	20	1	105
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	40	44	0	0	20	1	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	265	245
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	0	104

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.88
LPN's	15.61
Certified Aides	58.32
Other Health Staff	13.84
Non-Health Staff	56.48
Totals	163.13

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
66.6%	15.4%	0.0%	4.0%	14.0%	100.0%		
7,431,035	1,719,524	0	446,560	1,556,398	11,153,517	6,467	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSARY HILL HOME
9000 WEST 81ST STREET
JUSTICE, IL. 60458

Reference Numbers Facility ID 6008247
Health Service Area 007 Planning Service Area 705

Administrator
SISTER M. NATALIE PEKALA, OP

Contact Person and Telephone
SISTER M. NATALIE PEKALA, OP
708-458-3040

Date Completed
3/26/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	30
Total Admissions 2013	19
Total Discharges 2013	19
Residents on 12/31/2013	30

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	29	29	29	29	29	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	31	31	31	31	31	0		
TOTAL BEDS	60	60	60	60	60	0	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	10061	524	10585	100.0%	100.0%
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	11027	288	11315	100.0%	100.0%
TOTALS	0	0.0%	0	0.0%	0	0	21088	812	21900	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	2	0	3	3
75 to 84	0	3	0	0	0	0	0	2	0	5	5
85+	0	25	0	0	0	0	3	24	3	49	52
TOTALS	0	29	0	0	0	0	3	28	3	57	60

ROSARY HILL HOME
9000 WEST 81ST STREET
JUSTICE, IL. 60458

Classification Numbers

License Number	6008247	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	29	0	29
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	31	0	31
TOTALS	0	0	0	0	60	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	103	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	29	0	0	31	60
Race Unknown	0	0	0	0	0
Total	29	0	0	31	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	29	0	0	31	60
Ethnicity Unknown	0	0	0	0	0
Total	29	0	0	31	60

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	1.00
Certified Aides	19.00
Other Health Staff	4.00
Non-Health Staff	14.00
Totals	44.00

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	2,291,021	2,291,021	87,304	3.8%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSE ANGELA HALL
4200 NORTH AUSTIN
CHICAGO, IL. 60634

Reference Numbers Facility ID 6011530
Health Service Area 006 Planning Service Area 601

Administrator
Darlene Zdanowski

Contact Person and Telephone
DARLENE ZDANOWSKI
773-545-8300

Date Completed
4/3/2014

Registered Agent Information

Building	Reported Age
Building 1	37
Building 2	37
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	80
Total Admissions 2013	2
Total Discharges 2013	3
Residents on 12/31/2013	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	79
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	79

Total Residents Diagnosed as Mentally Ill 39

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	80	80	80	80	79	1		80
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	80	80	80	79	1	0	80

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			28837	98.8%	0	0	0	0	28837	98.8%	98.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	28837	98.8%	0	0	0	0	28837	98.8%	98.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	37	0	0	0	37	37
45 to 59	0	0	0	0	0	39	0	0	0	39	39
60 to 64	0	0	0	0	0	3	0	0	0	3	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	0	79	0	0	0	79	79

ROSE ANGELA HALL
4200 NORTH AUSTIN
CHICAGO, IL. 60634

Classification Numbers

License Number	6011530	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		79	0	0	0	0	79
Sheltered Care			0	0	0	0	0
TOTALS	0	79	0	0	0	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	13	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	62	0	62
Race Unknown	0	0	2	0	2
Total	0	0	79	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	74	0	74
Ethnicity Unknown	0	0	2	0	2
Total	0	0	79	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	5.00
Certified Aides	50.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	84.00

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
0.0%	41.4%	8.6%	0.0%	50.0%	100.0%		
0	2,986,673	621,321	0	3,607,994	7,215,988	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSE HOUSE
7301 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6008254
Health Service Area 010 Planning Service Area 161

Administrator
Kim Kersmarki

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Rose House	27
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5779	99.0%	0	0	0	0	5779	99.0%	99.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5779	99.0%	0	0	0	0	5779	99.0%	99.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	2	0	0	4	2	6
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	0	0	0	1	0	1
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	9	6	0	0	9	6	15

ROSE HOUSE
7301 34TH AVENUE
MOLINE, IL. 61265

Classification Numbers

License Number	6008254	
Health Service Area	010	
Planning Service Area	161	Rock Island

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	124
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	1	0	1
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	723,019	0	0	0	723,019	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEVILLE REHAB & HEALTHCARE
145 S. CHAMBERLAIN
ROSEVILLE, IL. 61473

Reference Numbers Facility ID 6005136
Health Service Area 002 Planning Service Area 071

Administrator
Ethel Logue

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/4/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Roseville RHCC/Nursing Home	45
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	57
Total Admissions 2013	76
Total Discharges 2013	74
Residents on 12/31/2013	59

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	23
Developmental Disability	0
Circulatory System	11
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 23

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	59	99	59	40	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	59	99	59	40	99	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1269	3.5%	9881	27.3%	2683	78	6076	0	19987	55.3%	55.3%
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	1269	3.5%	9881	27.3%	2683	78	6076	0	19987	55.3%	55.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	4	6	0	0	0	0	0	0	4	6	10
85+	8	27	0	0	0	0	0	0	8	27	35
TOTALS	19	40	0	0	0	0	0	0	19	40	59

ROSEVILLE REHAB & HEALTHCARE
145 S. CHAMBERLAIN
ROSEVILLE, IL. 61473

Classification Numbers

License Number	6005136	
Health Service Area	002	
Planning Service Area	071	Henderson/Warren

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	34	0	0	17	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	34	0	0	17	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	143
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	12.00
Certified Aides	24.00
Other Health Staff	1.00
Non-Health Staff	26.00
Totals	68.00

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
8.8%	57.1%	0.0%	0.0%	34.1%	100.0%		
215,201	1,398,742	0	0	834,593	2,448,536	2,268	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER - EAST PEORIA
900 CENTENNIAL DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6012017
Health Service Area 002 Planning Service Area 179

Administrator
Becki Woiwode

Contact Person and Telephone
Jan Poelker
314-994-9070

Date Completed
4/1/2014

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Building		Reported Age
Building 1	Rosewood Care Center of East	25
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	89
Total Admissions 2013	296
Total Discharges 2013	286
Residents on 12/31/2013	99

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	12
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	99

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	108	120	99	21	36	50
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	108	120	99	21	36	50

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6213	47.3%	15823	86.7%	0	1492	12399	0	35927	82.0%	82.0%
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	6213	47.3%	15823	86.7%	0	1492	12399	0	35927	82.0%	82.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	8	5	0	0	0	0	0	0	8	5	13
75 to 84	2	15	0	0	0	0	0	0	2	15	17
85+	9	54	0	0	0	0	0	0	9	54	63
TOTALS	21	78	0	0	0	0	0	0	21	78	99

ROSEWOOD CARE CENTER - EAST PEORIA
900 CENTENNIAL DRIVE
EAST PEORIA, IL. 61611

Classification Numbers

License Number	6012017	
Health Service Area	002	
Planning Service Area	179	Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	41	0	11	31	0	99
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	41	0	11	31	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	178	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	99	0	0	0	99

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	99	0	0	0	99

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	15.00
Certified Aides	50.00
Other Health Staff	3.00
Non-Health Staff	50.00
Totals	131.00

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
33.5%	24.4%	0.0%	10.0%	32.1%	100.0%		
1,312,141	956,412	0	392,967	1,258,255	3,919,775	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER - NORTHBROOK
4101 LAKE COOK ROAD
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6019723
Health Service Area 007 Planning Service Area 702

Administrator
Amy Saltzman

Contact Person and Telephone
Jan Poelker
314-994-9070

Date Completed
3/30/2014

Registered Agent Information
Dan Maher
412 East Lawrence Ave.
Springfield, IL 62703

Building		Reported Age
Building 1	Rosewood Care Center of North	16
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	125
Total Admissions 2013	145
Total Discharges 2013	148
Residents on 12/31/2013	122

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	13
Blood Disorders	1
*Nervous System Non Alzheimer	20
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	0
Circulatory System	34
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	122

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	147	147	133	147	122	25	147	137
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	147	147	133	147	122	25	147	137

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5298	9.9%	36181	72.4%	0	0	4433	0	45912	85.6%	85.6%
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	5298	9.9%	36181	72.4%	0	0	4433	0	45912	85.6%	85.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	10	15	0	0	0	0	0	0	10	15	25
85+	10	76	0	0	0	0	0	0	10	76	86
TOTALS	24	98	0	0	0	0	0	0	24	98	122

ROSEWOOD CARE CENTER - NORTHBROOK
4101 LAKE COOK ROAD
NORTHBROOK, IL. 60062

Classification Numbers

License Number	6019723	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	101	0	0	11	0	122
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	101	0	0	11	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	158
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	0	0	0	0	0
Total	122	0	0	0	122

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	119	0	0	0	119
Ethnicity Unknown	0	0	0	0	0
Total	122	0	0	0	122

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	15.00
Certified Aides	41.00
Other Health Staff	3.00
Non-Health Staff	46.00
Totals	124.00

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
32.9%	58.4%	0.0%	0.0%	8.8%	100.0%		
1,516,186	2,694,557	0	0	404,695	4,615,438	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF ALTON
3490 HUMBERT ROAD
ALTON, IL. 62002

Reference Numbers Facility ID 6012074
Health Service Area 011 Planning Service Area 119

Administrator
Kim Cornell

Contact Person and Telephone
Jan Poelker
314-994-9070

Date Completed
3/30/2014

Registered Agent Information
Dan Maher
412 W. Lawrence Ave
Springfield, IL 62703

Building		Reported Age
Building 1	Rosewood Care Center of Alton-	25
Building 2	Addition- RCC of Alton - 60 beds	17
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	98
Total Admissions 2013	442
Total Discharges 2013	408
Residents on 12/31/2013	132

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	3
*Nervous System Non Alzheimer	12
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	0
Circulatory System	29
Respiratory System	13
Digestive System	8
Genitourinary System Disorders	6
Skin Disorders	4
Musculo-skeletal Disorders	9
Injuries and Poisonings	18
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	132

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	180	180	139	180	132	48	48	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	180	180	139	180	132	48	48	58

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7806	44.6%	13911	65.7%	0	1439	20471	0	43627	66.4%	66.4%
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	7806	44.6%	13911	65.7%	0	1439	20471	0	43627	66.4%	66.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	14	23	0	0	0	0	0	0	14	23	37
85+	22	55	0	0	0	0	0	0	22	55	77
TOTALS	42	90	0	0	0	0	0	0	42	90	132

ROSEWOOD CARE CENTER OF ALTON
3490 HUMBERT ROAD
ALTON, IL. 62002

Classification Numbers

License Number	6012074	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	50	0	5	60	0	132
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	50	0	5	60	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	126	0	0	0	126
Race Unknown	0	0	0	0	0
Total	132	0	0	0	132

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	132	0	0	0	132
Ethnicity Unknown	0	0	0	0	0
Total	132	0	0	0	132

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	23.00
Certified Aides	58.00
Other Health Staff	4.00
Non-Health Staff	66.00
Totals	165.00

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
37.7%	21.1%	0.0%	5.4%	35.8%	100.0%		
1,810,640	1,012,084	0	260,183	1,718,480	4,801,387	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF EDWARDSVILLE
6277 CENTER GROVE ROAD
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6014401
Health Service Area 011 Planning Service Area 119

Administrator
Sara McMahan

Contact Person and Telephone
Jan Poelker
314-994-9070

Date Completed
4/1/2014

Registered Agent Information
Dan Maher
412 East Lawrence Avenue
Springfield, IL 60703

Building	Reported Age
Building 1 Rosewood Care Center of Edwar	19
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	69
Total Admissions 2013	332
Total Discharges 2013	319
Residents on 12/31/2013	82

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	82

Total Residents Diagnosed as Mentally Ill 21

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	97	120	82	38	58	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	97	120	82	38	58	58

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6015	28.4%	12359	58.4%	0	1208	11612	0	31194	71.2%	71.2%
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	6015	28.4%	12359	58.4%	0	1208	11612	0	31194	71.2%	71.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	10	19	0	0	0	0	0	0	10	19	29
85+	8	32	0	0	0	0	0	0	8	32	40
TOTALS	21	61	0	0	0	0	0	0	21	61	82

ROSEWOOD CARE CENTER OF EDWARDSVILLE
6277 CENTER GROVE ROAD
EDWARDSVILLE, IL. 62025

Classification Numbers

License Number	6014401	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	45	0	1	25	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	45	0	1	25	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	178	147
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	1	0	0	0	1
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	7.00
Certified Aides	53.00
Other Health Staff	2.00
Non-Health Staff	47.00
Totals	134.00

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
43.0%	22.5%	0.0%	4.3%	30.2%	100.0%		
1,532,646	801,501	0	154,937	1,079,182	3,568,266	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF ELGIN
2355 ROYAL BOULEVARD
ELGIN, IL. 60123

Reference Numbers Facility ID 6014237
Health Service Area 008 Planning Service Area 089

Administrator
Peggy Aschenbrenner

Contact Person and Telephone
Jan Poelker
314-994-9070

Date Completed
4/1/2014

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Building		Reported Age
Building 1	Rosewood Care Center of Elgin	20
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	102
Total Admissions 2013	509
Total Discharges 2013	494
Residents on 12/31/2013	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	9
Mental Illness	1
Developmental Disability	0
Circulatory System	21
Respiratory System	16
Digestive System	1
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	10
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	117

Total Residents Diagnosed as Mentally Ill 19

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	139	139	124	139	117	22	67	59
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	139	139	124	139	117	22	67	59

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9994	40.9%	15239	70.8%	0	826	16004	0	42063	82.9%	82.9%
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	9994	40.9%	15239	70.8%	0	826	16004	0	42063	82.9%	82.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	7	23	0	0	0	0	0	0	7	23	30
85+	16	55	0	0	0	0	0	0	16	55	71
TOTALS	29	88	0	0	0	0	0	0	29	88	117

ROSEWOOD CARE CENTER OF ELGIN
2355 ROYAL BOULEVARD
ELGIN, IL. 60123

Classification Numbers

License Number	6014237	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	47	0	1	42	0	117
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	47	0	1	42	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	158
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	115	0	0	0	115
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	10.00
Certified Aides	47.00
Other Health Staff	4.00
Non-Health Staff	51.00
Totals	139.00

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
45.5%	18.3%	0.0%	3.5%	32.8%	100.0%		
2,380,526	958,950	0	180,771	1,716,615	5,236,862	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF GALESBURG
1250 WEST CARL SANDBURG DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010466
Health Service Area 002 Planning Service Area 095

Administrator
Jeff Howd

Contact Person and Telephone
Jan Poelker
314-994-9070

Date Completed
3/30/2014

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Building		Reported Age
Building 1	Rosewood Care Center of Gales	26
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	97
Total Admissions 2013	219
Total Discharges 2013	218
Residents on 12/31/2013	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	29
Respiratory System	7
Digestive System	5
Genitourinary System Disorders	10
Skin Disorders	1
Musculo-skeletal Disorders	25
Injuries and Poisonings	9
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	180	180	102	180	98	82	180	180
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	180	180	102	180	98	82	180	180

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3467	5.3%	18468	28.1%	0	623	12220	0	34778	52.9%	52.9%
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	3467	5.3%	18468	28.1%	0	623	12220	0	34778	52.9%	52.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	0	0	0	0	0	0	0	4	0	4
75 to 84	12	19	0	0	0	0	0	0	12	19	31
85+	12	49	0	0	0	0	0	0	12	49	61
TOTALS	28	70	0	0	0	0	0	0	28	70	98

ROSEWOOD CARE CENTER OF GALESBURG
1250 WEST CARL SANDBURG DRIVE
GALESBURG, IL. 61401

Classification Numbers

License Number	6010466	
Health Service Area	002	
Planning Service Area	095	Knox

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	51	0	3	33	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	51	0	3	33	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	141
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	18.00
Certified Aides	56.00
Other Health Staff	3.00
Non-Health Staff	50.00
Totals	138.00

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
25.0%	34.5%	0.0%	5.4%	35.1%	100.0%		
724,855	998,196	0	156,155	1,015,567	2,894,773	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF INVERNESS
1800 COLONIAL PARKWAY
INVERNESS, IL. 60067

Reference Numbers Facility ID 6014633
Health Service Area 007 Planning Service Area 701

Administrator
Patrick DiPaolo

Contact Person and Telephone
Jan Poelker
314-994-9070

Date Completed
3/30/2014

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Building		Reported Age
Building 1	Rosewood Care Center of Invern	14
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	101
Total Admissions 2013	442
Total Discharges 2013	433
Residents on 12/31/2013	110

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	13
Digestive System	5
Genitourinary System Disorders	12
Skin Disorders	1
Musculo-skeletal Disorders	39
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	110

Total Residents Diagnosed as Mentally Ill 24

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	142	142	119	142	110	32	52	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	142	142	119	142	110	32	52	58

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8452	44.5%	14922	70.5%	0	649	14161	0	38184	73.7%	73.7%
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	8452	44.5%	14922	70.5%	0	649	14161	0	38184	73.7%	73.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	11	73	0	0	0	0	0	0	11	73	84
TOTALS	19	91	0	0	0	0	0	0	19	91	110

ROSEWOOD CARE CENTER OF INVERNESS
1800 COLONIAL PARKWAY
INVERNESS, IL. 60067

Classification Numbers

License Number	6014633	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	49	0	2	39	0	110
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	49	0	2	39	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	219	174
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	110	0	0	0	110

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	10.00
Certified Aides	50.00
Other Health Staff	5.00
Non-Health Staff	42.00
Totals	132.00

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
41.0%	23.5%	0.0%	2.7%	32.8%	100.0%		
2,076,964	1,192,587	0	136,138	1,665,780	5,071,469	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF JOLIET
3401 HENNEPIN DRIVE
JOLIET, IL. 60431

Reference Numbers Facility ID 6012835
Health Service Area 009 Planning Service Area 197

Administrator
William Matjasich

Contact Person and Telephone
Jan Poelker
314-994-9070

Date Completed
3/30/2014

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Building		Reported Age
Building 1	Rosewood Care Center of Joliet	23
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	82
Total Admissions 2013	509
Total Discharges 2013	488
Residents on 12/31/2013	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	18
Injuries and Poisonings	17
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	108	120	103	17	58	34
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	108	120	103	17	58	34

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10437	49.3%	9278	74.8%	0	1663	12793	0	34171	78.0%	78.0%
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	10437	49.3%	9278	74.8%	0	1663	12793	0	34171	78.0%	78.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	7	26	0	0	0	0	0	0	7	26	33
85+	12	41	0	0	0	0	0	0	12	41	53
TOTALS	26	77	0	0	0	0	0	0	26	77	103

ROSEWOOD CARE CENTER OF JOLIET
3401 HENNEPIN DRIVE
JOLIET, IL. 60431

Classification Numbers

License Number	6012835	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	28	0	6	42	0	103
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	28	0	6	42	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	181	158
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	0	0	0	0	0
Total	103	0	0	0	103

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	10.00
Certified Aides	49.00
Other Health Staff	4.00
Non-Health Staff	44.00
Totals	130.00

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
51.2%	12.7%	0.0%	7.6%	28.5%	100.0%		
2,589,321	642,103	0	383,360	1,439,621	5,054,405	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF MOLINE
7300 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6012587
Health Service Area 010 Planning Service Area 161

Administrator
Joe Coulter

Contact Person and Telephone
Jan Poelker
314-994-9070

Date Completed
3/30/2014

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Building	Reported Age
Building 1 Rosewood Care Center of Molin	24
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	73
Total Admissions 2013	282
Total Discharges 2013	279
Residents on 12/31/2013	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	10
*Nervous System Non Alzheimer	4
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	5
Circulatory System	8
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	76

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	88	120	76	44	58	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	88	120	76	44	58	58

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4347	20.5%	13786	65.1%	0	1587	8522	0	28242	64.5%	64.5%
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	4347	20.5%	13786	65.1%	0	1587	8522	0	28242	64.5%	64.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	8	13	0	0	0	0	0	0	8	13	21
85+	3	37	0	0	0	0	0	0	3	37	40
TOTALS	20	56	0	0	0	0	0	0	20	56	76

ROSEWOOD CARE CENTER OF MOLINE
7300 34TH AVENUE
MOLINE, IL. 61265

Classification Numbers

License Number	6012587	
Health Service Area	010	
Planning Service Area	161	Rock Island

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	41	0	4	22	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	41	0	4	22	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	171	152
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	14.00
Certified Aides	42.00
Other Health Staff	3.00
Non-Health Staff	44.00
Totals	112.00

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
31.2%	35.9%	0.0%	11.2%	21.7%	100.0%		
900,001	1,033,850	0	321,765	625,999	2,881,615	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF PEORIA
1500 WEST NORTHMOOR ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID 6012165
Health Service Area 002 Planning Service Area 143

Administrator
Julie Schmidgall

Contact Person and Telephone
Jan Poelker
314-994-9070

Date Completed
3/30/2014

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Building	Reported Age
Building 1 Rosewood Care Center of Peori	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	68
Total Admissions 2013	306
Total Discharges 2013	289
Residents on 12/31/2013	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	11
Skin Disorders	3
Musculo-skeletal Disorders	20
Injuries and Poisonings	3
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	98	120	85	35	52	42
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	98	120	85	35	52	42

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7038	37.1%	11802	77.0%	0	1048	12653	0	32541	74.3%	74.3%
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	7038	37.1%	11802	77.0%	0	1048	12653	0	32541	74.3%	74.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	13	40	0	0	0	0	0	0	13	40	53
TOTALS	22	63	0	0	0	0	0	0	22	63	85

ROSEWOOD CARE CENTER OF PEORIA
1500 WEST NORTHMOOR ROAD
PEORIA, IL. 61614

Classification Numbers

License Number	6012165	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	33	0	4	33	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	33	0	4	33	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	181	162
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	1	0	0	0	1
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	10.00
Certified Aides	47.00
Other Health Staff	6.00
Non-Health Staff	43.00
Totals	114.00

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
42.6%	18.0%	0.0%	4.4%	35.0%	100.0%		
1,663,457	702,301	0	172,465	1,365,776	3,903,999	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF ROCKFORD
1660 SOUTH MULFORD
ROCKFORD, IL. 61108

Reference Numbers Facility ID 6014658
Health Service Area 001 Planning Service Area 201

Administrator
Bart Becker

Contact Person and Telephone
Jan Poelker
314-994-9070

Date Completed
4/1/2014

Registered Agent Information
Dan Maher
412 East Lawrence Avenue
Springfield, IL 62703

Building		Reported Age
Building 1	Rosewood Care Center of Rockf	18
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	77
Total Admissions 2013	416
Total Discharges 2013	410
Residents on 12/31/2013	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	12
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	83

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	98	120	83	37	58	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	98	120	83	37	58	58

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6914	32.7%	14252	67.3%	0	1446	8801	0	31413	71.7%	71.7%
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	6914	32.7%	14252	67.3%	0	1446	8801	0	31413	71.7%	71.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	15	29	0	0	0	0	0	0	15	29	44
TOTALS	28	55	0	0	0	0	0	0	28	55	83

ROSEWOOD CARE CENTER OF ROCKFORD
1660 SOUTH MULFORD
ROCKFORD, IL. 61108

Classification Numbers

License Number	6014658	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	45	0	1	20	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	45	0	1	20	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	163
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	8.00
Certified Aides	40.00
Other Health Staff	2.00
Non-Health Staff	51.00
Totals	120.00

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
44.5%	32.6%	0.0%	6.7%	16.2%	100.0%		
1,546,972	1,132,138	0	233,702	563,170	3,475,982	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF ST. CHARLES
850 DUNHAM ROAD
ST. CHARLES, IL. 60174

Reference Numbers Facility ID 6014666
Health Service Area 008 Planning Service Area 089

Administrator
Ivy Gleeson

Contact Person and Telephone
Jan Poelker
314-994-9070

Date Completed
3/30/2014

Registered Agent Information
Dan Maher
412 East Lawrence Ave.
Springfield, IL 62703

Building		Reported Age
Building 1	Rosewood Care Center of St. Ch	15
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	81
Total Admissions 2013	365
Total Discharges 2013	344
Residents on 12/31/2013	102

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	0
Circulatory System	18
Respiratory System	10
Digestive System	4
Genitourinary System Disorders	12
Skin Disorders	4
Musculo-skeletal Disorders	7
Injuries and Poisonings	19
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	102

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	109	109	104	109	102	7	33	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	109	109	104	109	102	7	33	58

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6671	55.4%	16607	78.4%	0	519	9725	0	33522	84.3%	84.3%
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	6671	55.4%	16607	78.4%	0	519	9725	0	33522	84.3%	84.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	12	20	0	0	0	0	0	0	12	20	32
85+	11	47	0	0	0	0	0	0	11	47	58
TOTALS	29	73	0	0	0	0	0	0	29	73	102

ROSEWOOD CARE CENTER OF ST. CHARLES
850 DUNHAM ROAD
ST. CHARLES, IL. 60174

Classification Numbers

License Number	6014666	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	52	0	3	28	0	102
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	52	0	3	28	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	166
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	10.00
Certified Aides	44.00
Other Health Staff	8.00
Non-Health Staff	49.00
Totals	131.00

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
39.5%	33.7%	0.0%	3.8%	23.1%	100.0%		
1,617,132	1,381,884	0	154,023	946,151	4,099,190	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF SWANSEA
100 ROSEWOOD VILLAGE DRIVE
SWANSEA, IL. 62226

Reference Numbers Facility ID 6010391
Health Service Area 011 Planning Service Area 163

Administrator
Ken Kabureck

Contact Person and Telephone
Jan Poelker
314-994-9070

Date Completed
4/1/2014

Registered Agent Information
Dan Maher
412 East Lawrence Ave.
Springfield, IL 62703

Building		Reported Age
Building 1	Rosewood Care Center of Swan	27
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	74
Total Admissions 2013	505
Total Discharges 2013	498
Residents on 12/31/2013	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	6
Other Medical Conditions	4
Non-Medical Conditions	36
TOTALS	81

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	97	120	81	39	58	30
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	97	120	81	39	58	30

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7376	34.8%	2333	21.3%	0	2400	19301	0	31410	71.7%	71.7%
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	7376	34.8%	2333	21.3%	0	2400	19301	0	31410	71.7%	71.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	8	12	0	0	0	0	0	0	8	12	20
85+	15	38	0	0	0	0	0	0	15	38	53
TOTALS	26	55	0	0	0	0	0	0	26	55	81

ROSEWOOD CARE CENTER OF SWANSEA
100 ROSEWOOD VILLAGE DRIVE
SWANSEA, IL. 62226

Classification Numbers

License Number	6010391	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	11	0	7	43	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	11	0	7	43	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	173	147
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	14.00
Certified Aides	50.00
Other Health Staff	9.00
Non-Health Staff	42.00
Totals	128.00

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
41.5%	3.2%	0.0%	12.8%	42.5%	100.0%		
1,654,184	127,762	0	508,098	1,692,260	3,982,304	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSICLARE REHAB & HLTHCARE CTR
P.O. BOX 220
ROSICLARE, IL. 62982

Reference Numbers Facility ID 6003065
Health Service Area 005 Planning Service Area 069

Administrator
Sarah Little

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/27/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building	Reported Age
Building 1 Rosiclare Rehab & Health Care	38
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	53
Total Admissions 2013	36
Total Discharges 2013	44
Residents on 12/31/2013	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	1
Circulatory System	3
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	62	62	53	62	45	17	62	62
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	62	62	53	62	45	17	62	62

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2116	9.4%	12143	53.7%	200	94	2130	0	16683	73.7%	73.7%
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	2116	9.4%	12143	53.7%	200	94	2130	0	16683	73.7%	73.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	5	15	0	0	0	0	0	0	5	15	20
TOTALS	14	31	0	0	0	0	0	0	14	31	45

ROSICLARE REHAB & HLTHCARE CTR
P.O. BOX 220
ROSICLARE, IL. 62982

Classification Numbers

License Number	6003065	
Health Service Area	005	
Planning Service Area	069	Hardin/Pope

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	33	0	0	3	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	33	0	0	3	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	107	102
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	4.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	36.00

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
19.0%	69.1%	0.0%	0.7%	11.1%	100.0%		
373,541	1,356,239	570	13,100	218,114	1,961,564	5,999	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROY COURT
362 ROY STREET
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6014070
Health Service Area 009 Planning Service Area 091

Administrator
Jennifer Allsopp

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Roy Court	19
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	6
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	2	0	0	0	2	2
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	4	2	0	0	4	2	6

ROY COURT
362 ROY STREET
BOURBONNAIS, IL. 60914

Classification Numbers

License Number	6014070	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	180
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	5	0	5
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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	352,346	0	0	0	352,346	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROYAL OAKS CARE CENTER
605 EAST CHURCH P.O. BOX 600
KEWANEE, IL. 61443

Reference Numbers Facility ID 6005029
Health Service Area 010 Planning Service Area 073

Administrator
Angela Ince

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/27/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building	Reported Age
Building 1 Royal Oaks Care Center/Nursing	42
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	137
Total Admissions 2013	130
Total Discharges 2013	126
Residents on 12/31/2013	141

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	14
Mental Illness	62
Developmental Disability	0
Circulatory System	12
Respiratory System	26
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	141

Total Residents Diagnosed as Mentally Ill 62

Total Residents Reported as Identified Offenders 22

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	200	200	149	200	141	59	200	200
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	200	200	149	200	141	59	200	200

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1780	2.4%	41680	57.1%	2552	95	3488	0	49595	67.9%	67.9%
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	1780	2.4%	41680	57.1%	2552	95	3488	0	49595	67.9%	67.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	8	0	0	0	0	0	0	10	8	18
45 to 59	28	12	0	0	0	0	0	0	28	12	40
60 to 64	11	23	0	0	0	0	0	0	11	23	34
65 to 74	10	15	0	0	0	0	0	0	10	15	25
75 to 84	4	14	0	0	0	0	0	0	4	14	18
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	66	75	0	0	0	0	0	0	66	75	141

ROYAL OAKS CARE CENTER
605 EAST CHURCH P.O. BOX 600
KEWANEE, IL. 61443

Classification Numbers

License Number	6005029	
Health Service Area	010	
Planning Service Area	073	Henry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	123	0	12	0	0	141
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	123	0	12	0	0	141

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	130	0	0	0	130
Race Unknown	0	0	0	0	0
Total	141	0	0	0	141

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	135	0	0	0	135
Ethnicity Unknown	0	0	0	0	0
Total	141	0	0	0	141

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	15.00
Certified Aides	58.00
Other Health Staff	13.00
Non-Health Staff	44.00
Totals	141.00

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
13.8%	77.9%	0.0%	0.6%	7.7%	100.0%		
813,343	4,593,389	0	35,563	456,714	5,899,009	20,926	0.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

RUSH OAK PARK HOSPITAL
520 SOUTH MAPLE AVENUE
OAK PARK, IL. 60304

Reference Numbers Facility ID 6010615
Health Service Area 007 Planning Service Area 704

Administrator
Karen Mayer

Contact Person and Telephone
Elvy Yap
708-660-2030

Date Completed
4/1/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 West Tower	44
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	427
Total Discharges 2013	431
Residents on 12/31/2013	12

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	36	20	19	20	12	24	36	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	36	20	19	20	12	24	36	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4099	31.2%	0	0.0%	0	858	16	0	4973	37.8%	68.1%
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	4099	31.2%	0	0.0%	0	858	16	0	4973	37.8%	68.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	0	4	0	0	0	0	0	0	0	4	4
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	2	10	0	0	0	0	0	0	2	10	12

RUSH OAK PARK HOSPITAL
520 SOUTH MAPLE AVENUE
OAK PARK, IL. 60304

Classification Numbers

License Number	6010615	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	0	0	1	0	0	12
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	0	0	1	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	671	671
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	7	0	0	0	7
Race Unknown	1	0	0	0	1
Total	12	0	0	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	12	0	0	0	12
Ethnicity Unknown	0	0	0	0	0
Total	12	0	0	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	10.86
LPN's	1.01
Certified Aides	6.87
Other Health Staff	0.00
Non-Health Staff	3.38
Totals	23.12

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
32.8%	5.8%	0.1%	56.2%	5.1%	100.0%		
37,066,526	6,543,349	118,614	63,520,228	5,776,058	113,024,775	1,012,370	0.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SACRED HEART HOME
1550 SOUTH ALBANY
CHICAGO, IL. 60623

Reference Numbers Facility ID 6008320
Health Service Area 006 Planning Service Area 602

Administrator
MARDY GIBBS

Contact Person and Telephone
MARDY GIBBS
773-277-6868

Date Completed
3/28/2014

Registered Agent Information
PETER J. O'BRIEN
1541 N. WELLS STREET
Chicago, IL 60610

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	145
Total Admissions 2013	163
Total Discharges 2013	153
Residents on 12/31/2013	155

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	155
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	155

Total Residents Diagnosed as Mentally Ill 155

Total Residents Reported as Identified Offenders 55

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	172	172	157	172	155	17	0	172
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	172	172	157	172	155	17	0	172

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	51265	81.7%	0	0	635	0	51900	82.7%	82.7%
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	0	0.0%	51265	81.7%	0	0	635	0	51900	82.7%	82.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	40	22	0	0	0	0	0	0	40	22	62
45 to 59	38	22	0	0	0	0	0	0	38	22	60
60 to 64	15	2	0	0	0	0	0	0	15	2	17
65 to 74	9	6	0	0	0	0	0	0	9	6	15
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	102	53	0	0	0	0	0	0	102	53	155

SACRED HEART HOME
1550 SOUTH ALBANY
CHICAGO, IL. 60623

Classification Numbers

License Number	6008320	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	154	0	0	1	0	155
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	154	0	0	1	0	155

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	103	0	0	0	103
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	155	0	0	0	155

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	138	0	0	0	138
Ethnicity Unknown	0	0	0	0	0
Total	155	0	0	0	155

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	9.00
Certified Aides	30.00
Other Health Staff	5.00
Non-Health Staff	70.00
Totals	123.00

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
0.0%			0.0%				
0	5,688,444	44,361		123,279		0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SALEM VILLAGE NURSING & REHABILITATION
1314 ROWELL AVENUE
JOLIET, IL. 60433

Reference Numbers Facility ID 6008338
Health Service Area 009 Planning Service Area 197

Administrator
Kelly Covarrubias, RN

Contact Person and Telephone
KELLY COVARRUBIAS, RN
815-727-5451

Date Completed
3/27/2014

Registered Agent Information
Bryan Kopman
111 N. Ottawa St
Joliet, IL 60432

Building		Reported Age
Building 1	Building 1 - 2 story building	39
Building 2	Building 2 - 6 story building	38
Building 3	Lobby	19
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	223
Total Admissions 2013	277
Total Discharges 2013	251
Residents on 12/31/2013	249

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	11
Blood Disorders	4
*Nervous System Non Alzheimer	18
Alzheimer Disease	8
Mental Illness	16
Developmental Disability	3
Circulatory System	78
Respiratory System	35
Digestive System	3
Genitourinary System Disorders	25
Skin Disorders	9
Musculo-skeletal Disorders	9
Injuries and Poisonings	3
Other Medical Conditions	17
Non-Medical Conditions	2
TOTALS	249

Total Residents Diagnosed as Mentally Ill 100

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	266	266	249	266	245	21	230	266
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	6	6	4	6	4	2		
TOTAL BEDS	272	272	253	272	249	23	230	266

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13733	16.4%	48374	49.8%	0	1781	19580	0	83468	86.0%	86.0%
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	1233	0	1233	56.3%	56.3%
TOTALS	13733	16.4%	48374	49.8%	0	1781	20813	0	84701	85.3%	85.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	3	0	0	0	0	0	0	5	3	8
45 to 59	15	13	0	0	0	0	0	0	15	13	28
60 to 64	5	9	0	0	0	0	0	0	5	9	14
65 to 74	24	33	0	0	0	0	0	2	24	35	59
75 to 84	22	51	0	0	0	0	0	0	22	51	73
85+	13	52	0	0	0	0	0	2	13	54	67
TOTALS	84	161	0	0	0	0	0	4	84	165	249

SALEM VILLAGE NURSING & REHABILITATION
1314 ROWELL AVENUE
JOLIET, IL. 60433

Classification Numbers

License Number	6008338	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	146	0	5	59	0	245
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	4	0	4
TOTALS	35	146	0	5	63	0	249

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	203	183
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	168	163

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	44	0	0	0	44
Hawaiian/Pacific Isl.	0	0	0	0	0
White	200	0	0	4	204
Race Unknown	0	0	0	0	0
Total	245	0	0	4	249

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	232	0	0	4	236
Ethnicity Unknown	0	0	0	0	0
Total	245	0	0	4	249

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	30.00
Certified Aides	96.00
Other Health Staff	6.00
Non-Health Staff	110.00
Totals	265.00

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
35.0%	42.0%	0.0%	6.1%	16.9%	100.0%		
6,993,739	8,393,348	0	1,227,891	3,379,019	19,993,997	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SALINE CARE CENTER LLC
120 SOUTH LAND STREET
HARRISBURG, IL. 62946

Reference Numbers Facility ID 6008346
Health Service Area 005 Planning Service Area 059

Administrator
JENNY PIERCE

Contact Person and Telephone
SCOTT STOUT
618-252-6383

Date Completed
3/20/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	135
Total Admissions 2013	90
Total Discharges 2013	99
Residents on 12/31/2013	126

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	10
Blood Disorders	8
*Nervous System Non Alzheimer	5
Alzheimer Disease	24
Mental Illness	22
Developmental Disability	0
Circulatory System	16
Respiratory System	11
Digestive System	7
Genitourinary System Disorders	5
Skin Disorders	7
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	126

Total Residents Diagnosed as Mentally Ill 39

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	142	142	140	142	126	16	72	142
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	142	142	140	142	126	16	72	142

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3164	12.0%	36946	71.3%	0	0	7696	0	47806	92.2%	92.2%
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	3164	12.0%	36946	71.3%	0	0	7696	0	47806	92.2%	92.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	4	10	0	0	0	0	0	0	4	10	14
60 to 64	5	8	0	0	0	0	0	0	5	8	13
65 to 74	9	23	0	0	0	0	0	0	9	23	32
75 to 84	13	25	0	0	0	0	0	0	13	25	38
85+	2	27	0	0	0	0	0	0	2	27	29
TOTALS	33	93	0	0	0	0	0	0	33	93	126

SALINE CARE CENTER LLC
120 SOUTH LAND STREET
HARRISBURG, IL. 62946

Classification Numbers

License Number	6008346	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	99	0	0	17	0	126
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	99	0	0	17	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	124	0	0	0	124
Race Unknown	0	0	0	0	0
Total	126	0	0	0	126

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	126	0	0	0	126
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	21.00
Certified Aides	47.00
Other Health Staff	6.00
Non-Health Staff	41.00
Totals	124.00

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
18.0%	48.7%	0.0%	0.0%	33.3%	100.0%		
1,096,768	2,970,306	0	0	2,029,083	6,096,157	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	5/7/2012	Change of ownership occurred.

SANDWICH REHAB & HLTHCARE
902 EAST ARNOLD STREET
SANDWICH, IL. 60548

Reference Numbers Facility ID 6008213
Health Service Area 001 Planning Service Area 037

Administrator
Tom Stephenson

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/4/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Sandwich Rehab & Health Care	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	49
Total Admissions 2013	62
Total Discharges 2013	69
Residents on 12/31/2013	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	63	57	51	57	42	21	0	63
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	63	57	51	57	42	21	0	63

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1414	0.0%	8227	35.8%	1040	289	5525	0	16495	71.7%	79.3%
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	1414	0.0%	8227	35.8%	1040	289	5525	0	16495	71.7%	79.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	7	7	0	0	0	0	0	0	7	7	14
85+	1	16	0	0	0	0	0	0	1	16	17
TOTALS	12	30	0	0	0	0	0	0	12	30	42

SANDWICH REHAB & HLTHCARE
902 EAST ARNOLD STREET
SANDWICH, IL. 60548

Classification Numbers

License Number	6008213	
Health Service Area	001	
Planning Service Area	037	DeKalb

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	22	0	0	12	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	22	0	0	12	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	41	0	0	0	41
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	3.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	32.00

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
27.8%	41.3%	0.0%	2.0%	29.0%	100.0%		
741,613	1,099,554	0	52,212	772,152	2,665,531	2,473	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SCHULTZ HOUSE
340 BRYAN AVENUE
DANVILLE, IL. 61832

Reference Numbers Facility ID 6012231
Health Service Area 004 Planning Service Area 183

Administrator
Tara Wright

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Building	Reported Age
Building 1 Schultz House	24
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5314	91.0%	0	0	0	0	5314	91.0%	91.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5314	91.0%	0	0	0	0	5314	91.0%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	3	0	0	2	3	5
45 to 59	0	0	0	0	1	5	0	0	1	5	6
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	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	0	0	0	0	5	9	0	0	5	9	14

SCHULTZ HOUSE
340 BRYAN AVENUE
DANVILLE, IL. 61832

Classification Numbers

License Number	6012231	
Health Service Area	004	
Planning Service Area	183	Vermilion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	113
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	626,889	0	0	0	626,889	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SCHWAB REHABILITATION HOSPITAL
1401 S. CALIFORNIA AVENUE
CHICAGO, IL. 60608

Reference Numbers Facility ID 9606001
Health Service Area 006 Planning Service Area 602

Administrator
Craig Frazier

Contact Person and Telephone
Paul Berrini
773-257-6441

Date Completed
4/4/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	9
Total Admissions 2013	302
Total Discharges 2013	300
Residents on 12/31/2013	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	11

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	21	20	20	18	11	10	30	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	21	20	20	18	11	10	30	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2619	23.9%	0	0.0%	0	961	13	12	3605	47.0%	49.4%
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	2619	23.9%	0	0.0%	0	961	13	12	3605	47.0%	49.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	1	3	0	0	0	0	0	0	1	3	4
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	4	7	0	0	0	0	0	0	4	7	11

SCHWAB REHABILITATION HOSPITAL
1401 S. CALIFORNIA AVENUE
CHICAGO, IL. 60608

Classification Numbers

License Number	9606001	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	0	0	0	2	0	11
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	0	0	0	2	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	686	563
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	1	0	0	0	1
Race Unknown	3	0	0	0	3
Total	11	0	0	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	8	0	0	0	8
Ethnicity Unknown	1	0	0	0	1
Total	11	0	0	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	4.50
LPN's	3.70
Certified Aides	4.40
Other Health Staff	2.50
Non-Health Staff	0.00
Totals	18.10

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
42.8%	0.0%	0.0%	38.4%	18.8%	100.0%		
1,078,661	0	0	967,502	473,275	2,519,438	12,535	0.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SCOTT COUNTY NURSING HOME
650 NORTH MAIN ST.
WINCHESTER, IL. 62694

Reference Numbers Facility ID 6008395
Health Service Area 003 Planning Service Area 137

Administrator
Debbie O'Dell

Contact Person and Telephone
DEBBIE O'DELL
217-742-3101

Date Completed
4/3/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	46
Total Admissions 2013	25
Total Discharges 2013	29
Residents on 12/31/2013	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	44

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	49	43	49	43	6	0	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	49	49	43	49	43	6	0	49

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1446	0.0%	8789	49.1%	0	0	4922	0	15157	84.7%	84.7%
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	1446	0.0%	8789	49.1%	0	0	4922	0	15157	84.7%	84.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	1	9	0	0	0	0	0	0	1	9	10
85+	6	24	0	0	0	0	0	0	6	24	30
TOTALS	8	35	0	0	0	0	0	0	8	35	43

SCOTT COUNTY NURSING HOME
650 NORTH MAIN ST.
WINCHESTER, IL. 62694

Classification Numbers

License Number	6008395	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	29	0	0	10	0	43
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	29	0	0	10	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	168	153
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	43	0	0	0	43
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	0	43

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	11.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	63.00

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
31.1%	47.8%	0.1%	0.0%	21.0%	100.0%		
821,545	1,262,237	2,898	0	553,997	2,640,677	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SCOTTISH HOME
28TH & DES PLAINES AVENUE
NORTH RIVERSIDE, IL. 60546

Reference Numbers Facility ID 6008403
Health Service Area 007 Planning Service Area 704

Administrator
Lynn Elker

Contact Person and Telephone
LYNN ELKER
708-447-5092

Date Completed
4/3/2014

Registered Agent Information
Gus Noble
2800 DesPlaines Avenue
North Riverside, IL 60546

Building		Reported Age
Building 1	Sheltered Care	97
Building 2	Intermediate Care Wing Addition	50
Building 3	Skilled Care Wing Addition	15
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	52
Total Admissions 2013	29
Total Discharges 2013	29
Residents on 12/31/2013	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	8
Mental Illness	4
Developmental Disability	0
Circulatory System	26
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	36	36	31	36	30	6	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	49	49	23	49	22	27		
TOTAL BEDS	85	85	54	85	52	33	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	10535	632	11167	85.0%	85.0%
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	7577	402	7979	44.6%	44.6%
TOTALS	0	0.0%	0	0.0%	0	0	18112	1034	19146	61.7%	61.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	1	0	1	1	2
75 to 84	0	6	0	0	0	0	2	3	2	9	11
85+	2	21	0	0	0	0	3	13	5	34	39
TOTALS	2	28	0	0	0	0	6	16	8	44	52

SCOTTISH HOME
28TH & DES PLAINES AVENUE
NORTH RIVERSIDE, IL. 60546

Classification Numbers

License Number	6008403	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	28	2	30
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	21	1	22
TOTALS	0	0	0	0	49	3	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	270	226
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	157	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	30	0	0	22	52
Race Unknown	0	0	0	0	0
Total	30	0	0	22	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	30	0	0	22	52
Ethnicity Unknown	0	0	0	0	0
Total	30	0	0	22	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	2.00
Certified Aides	20.00
Other Health Staff	1.00
Non-Health Staff	27.00
Totals	58.00

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	4,142,018	4,142,018	140,948	3.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SEARLES GROUP HOME
3310 SEARLES AVENUE
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6008411
Health Service Area 001 Planning Service Area 201

Administrator
THERESA RISSER

Contact Person and Telephone
THERESA RISSER
815-639-2884

Date Completed
3/27/2013

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
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-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	1
Total Discharges 2013	2
Residents on 12/31/2013	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
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	11

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	11	1		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	11	1	0	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4230	96.6%	0	0	0	0	4230	96.6%	96.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4230	96.6%	0	0	0	0	4230	96.6%	96.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	1	0	0	3	1	4
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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	5	6	0	0	5	6	11

SEARLES GROUP HOME
3310 SEARLES AVENUE
ROCKFORD, IL. 61101

Classification Numbers

License Number	6008411	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	200	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	8.50
Other Health Staff	0.00
Non-Health Staff	0.50
Totals	10.00

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
0.0%	70.8%	9.2%	0.0%	20.0%	100.0%		
0	419,249	54,454	0	118,348	592,051	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SEBORG TERRACE
3024 ALIDA STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6010862
Health Service Area 001 Planning Service Area 201

Administrator
Steve Bennett

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Seborg Terrace	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	1	0	0	4	1	5
45 to 59	0	0	0	0	3	4	0	0	3	4	7
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	8	7	0	0	8	7	15

SEBORG TERRACE
3024 ALIDA STREET
ROCKFORD, IL. 61101

Classification Numbers

License Number	6010862	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	122
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	705,277	0	0	0	705,277	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SELFHELP HOME OF CHICAGO
908 WEST ARGYLE STREET
CHICAGO, IL. 60640

Reference Numbers Facility ID 6008460
Health Service Area 006 Planning Service Area 601

Administrator
HEDY CIOCCI

Contact Person and Telephone
HEDY CIOCCI
773-271-0300

Date Completed
3/25/2014

Registered Agent Information
Austin Hirsch
10 S. Wacker Drive; suite 4000
Chicago, IL 60606

Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	65
Total Admissions 2013	92
Total Discharges 2013	93
Residents on 12/31/2013	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	27
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	65	65	65	65	64	1	30	65
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	65	65	65	65	64	1	30	65

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3652	33.4%	3929	16.6%	0	0	14749	0	22330	94.1%	94.1%
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	3652	33.4%	3929	16.6%	0	0	14749	0	22330	94.1%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	11	46	0	0	0	0	0	0	11	46	57
TOTALS	14	50	0	0	0	0	0	0	14	50	64

SELFHELP HOME OF CHICAGO
908 WEST ARGYLE STREET
CHICAGO, IL. 60640

Classification Numbers

License Number	6008460	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	10	0	0	42	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	10	0	0	42	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	262	222
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	2.00
Certified Aides	36.00
Other Health Staff	7.00
Non-Health Staff	25.00
Totals	86.00

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
28.8%	8.0%	0.0%	0.0%	63.2%	100.0%		
1,498,098	418,727	0	0	3,292,926	5,209,751	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SEMINARY MANOR
2345 NORTH SEMINARY STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010250
Health Service Area 002 Planning Service Area 095

Administrator
TRACY OWENS

Contact Person and Telephone
TRACY OWENS
309-344-1300

Date Completed
3/19/2014

Registered Agent Information
Mike Bibo
285 S Farnum St

Continuing Care Retirement Community

Building		Reported Age
Building 1	SEMINARY MANOR	27
Building 2	SEMINARY ESTATES	26
Building 3	HAWTHORNE INN	18
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	92
Total Admissions 2013	475
Total Discharges 2013	476
Residents on 12/31/2013	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	121	121	112	121	91	30	121	105
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	121	121	112	121	91	30	121	105

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8819	20.0%	9700	25.3%	3317	2393	11310	0	35539	80.5%	80.5%
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	8819	20.0%	9700	25.3%	3317	2393	11310	0	35539	80.5%	80.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	6	22	0	0	0	0	0	0	6	22	28
85+	15	39	0	0	0	0	0	0	15	39	54
TOTALS	25	66	0	0	0	0	0	0	25	66	91

SEMINARY MANOR
2345 NORTH SEMINARY STREET
GALESBURG, IL. 61401

Classification Numbers

License Number	6010250	
Health Service Area	002	
Planning Service Area	095	Knox

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	34	0	0	34	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	34	0	0	34	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	198	163
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	16.00
Certified Aides	50.00
Other Health Staff	15.00
Non-Health Staff	31.00
Totals	120.00

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
46.9%	14.8%	5.1%	6.4%	26.8%	100.0%		
4,020,584	1,269,703	440,797	549,957	2,295,546	8,576,587	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SEYMOUR TERRACE
1504 16TH STREET
NORTH CHICAGO, IL. 60064

Reference Numbers Facility ID 6014203
Health Service Area 008 Planning Service Area 097

Administrator
Billie Callahan

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Building	Reported Age
Building 1 Seymour Terrace	19
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	6
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	1	0	0	0	1	1
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	2	4	0	0	2	4	6

SEYMOUR TERRACE
1504 16TH STREET
NORTH CHICAGO, IL. 60064

Classification Numbers

License Number	6014203	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	204
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	5	0	5
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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	442,256	0	0	0	442,256	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHADY OAKS EAST
16240 PARKER ROAD
HOMER GLEN, IL. 60491

Reference Numbers Facility ID 6014047
Health Service Area 009 Planning Service Area 197

Administrator
Kristen Stockle

Contact Person and Telephone
KRISTEN STOCKLE
708-301-6870 x 11

Date Completed
4/2/2014

Registered Agent Information
Craig P. Colmar
1001 E. Touhy Ave, STE# 50
Des Plaines, IL 60018

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Shady Oaks East	19
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	1
Total Discharges 2013	0
Residents on 12/31/2013	16

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5516	94.5%	0	0	0	0	5516	94.5%	94.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5516	94.5%	0	0	0	0	5516	94.5%	94.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	1	0	0	4	1	5
45 to 59	0	0	0	0	6	0	0	0	6	0	6
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	14	2	0	0	14	2	16

SHADY OAKS EAST
16240 PARKER ROAD
HOMER GLEN, IL. 60491

Classification Numbers

License Number	6014047	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	192	192
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	1.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	5.50
Totals	21.50

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%	85.9%	0.0%	0.0%	14.1%	100.0%		
0	900,958	0	0	147,992	1,048,950	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHADY OAKS WEST
16220 PARKER ROAD
HOMER GLEN, IL. 60491

Reference Numbers Facility ID 6014245
Health Service Area 009 Planning Service Area 197

Administrator
Kristen Stockle

Contact Person and Telephone
KRISTEN STOCKLE
708-301-6870 x 11

Date Completed
4/2/2014

Registered Agent Information
Craig P. Colmar
1001 E. Touhy Ave, STE#50
Des Plaines, IL 60018

Building		Reported Age
Building 1	Shady Oaks West	18
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	2
Total Discharges 2013	1
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5535	94.8%	0	0	0	0	5535	94.8%	94.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5535	94.8%	0	0	0	0	5535	94.8%	94.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	7	1	0	0	7	1	8
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	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	0	0	0	0	12	4	0	0	12	4	16

SHADY OAKS WEST
16220 PARKER ROAD
HOMER GLEN, IL. 60491

Classification Numbers

License Number	6014245	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	198	198
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	1.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	5.50
Totals	21.50

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%	90.5%	0.0%	0.0%	9.5%	100.0%		
0	997,614	0	0	104,643	1,102,257	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHANNON HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010326
Health Service Area 006 Planning Service Area 601

Administrator
Mary Pat O'Brien

Contact Person and Telephone
Mary Pat O'Brien
773-273-4169

Date Completed
3/22/2014

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Building	Reported Age
Building 1 Shannon House	31
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	######	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	######	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	10	0	0	0	10	10
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	0	12	0	0	0	12	12

SHANNON HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Classification Numbers

License Number	6010326	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.04
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	12.50
Other Health Staff	2.95
Non-Health Staff	0.33
Totals	16.18

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%	87.5%	0.0%	0.0%	12.5%	100.0%		
0	617,630	0	0	88,526	706,156	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHARON HEALTH CARE ELMS
3611 NORTH ROCHELLE
PEORIA, IL. 61604

Reference Numbers Facility ID 6007306
Health Service Area 002 Planning Service Area 143

Administrator
Sharyl Ford

Contact Person and Telephone
Richard Duros
847-441-8200

Date Completed
3/3/2014

Registered Agent Information
Gary Weintraub
465 Central Avenue, Suite 100
Northfield, IL 60093

Building		Reported Age
Building 1	Sharon Healthcare Elms	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	87
Total Admissions 2013	70
Total Discharges 2013	85
Residents on 12/31/2013	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	8
Developmental Disability	0
Circulatory System	23
Respiratory System	24
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 14

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	92	98	72	26	0	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	92	98	72	26	0	98

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4480	0.0%	22313	62.4%	456	0	1199	0	28448	79.5%	79.5%
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	4480	0.0%	22313	62.4%	456	0	1199	0	28448	79.5%	79.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	2	0	0	0	0	0	0	1	2	3
45 to 59	17	7	0	0	0	0	0	0	17	7	24
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	9	6	0	0	0	0	0	0	9	6	15
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	38	34	0	0	0	0	0	0	38	34	72

SHARON HEALTH CARE ELMS
3611 NORTH ROCHELLE
PEORIA, IL. 61604

Classification Numbers

License Number	6007306	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	61	0	0	3	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	61	0	0	3	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	11.00
Certified Aides	40.00
Other Health Staff	6.00
Non-Health Staff	36.00
Totals	105.00

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
36.9%	57.4%	1.0%	0.0%	4.6%	100.0%		
1,852,740	2,882,290	52,094	0	231,709	5,018,833	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHARON HEALTH CARE PINES
3614 NORTH ROCHELLE
PEORIA, IL. 61604

Reference Numbers Facility ID 6007298
Health Service Area 002 Planning Service Area 143

Administrator
Randall Bauer

Contact Person and Telephone
Richard Duros
847-441-8200

Date Completed
3/3/2014

Registered Agent Information
Gary Weintraub
465 Central Avenue
Northfield, IL 60093

Building		Reported Age
Building 1	Sharon Healthcare Pines	43
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	95
Total Admissions 2013	53
Total Discharges 2013	52
Residents on 12/31/2013	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	8
Mental Illness	31
Developmental Disability	1
Circulatory System	0
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	32
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	96

Total Residents Diagnosed as Mentally Ill 34

Total Residents Reported as Identified Offenders 17

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	116	116	100	116	96	20	0	116
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	116	116	100	116	96	20	0	116

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	32533	76.8%	304	0	92	0	32929	77.8%	77.8%
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	0	0.0%	32533	76.8%	304	0	92	0	32929	77.8%	77.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	26	22	0	0	0	0	0	0	26	22	48
45 to 59	25	16	0	0	0	0	0	0	25	16	41
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	1	1	0	0	0	0	0	0	1	1	2
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	54	42	0	0	0	0	0	0	54	42	96

SHARON HEALTH CARE PINES
3614 NORTH ROCHELLE
PEORIA, IL. 61604

Classification Numbers

License Number	6007298	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	96	0	0	0	0	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	96	0	0	0	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	93	0	0	0	93
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	9.00
Certified Aides	35.00
Other Health Staff	5.00
Non-Health Staff	40.00
Totals	94.00

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
0.0%	98.8%	0.9%	0.0%	0.4%	100.0%		
0	3,510,500	30,500	0	13,000	3,554,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHARON HEALTH CARE WILLOWS
3520 NORTH ROCHELLE
PEORIA, IL. 61604

Reference Numbers Facility ID 6007272
Health Service Area 002 Planning Service Area 143

Administrator
Cindy Stribley

Contact Person and Telephone
Richard Duros
847-441-8200

Date Completed
3/12/2014

Registered Agent Information
Gary Weintraub
465 Central Ave
Northfield, IL 60093

Building		Reported Age
Building 1	North Unit	42
Building 2	South Unit	43
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	191
Total Admissions 2013	46
Total Discharges 2013	49
Residents on 12/31/2013	188

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	11
Blood Disorders	1
*Nervous System Non Alzheimer	80
Alzheimer Disease	5
Mental Illness	71
Developmental Disability	0
Circulatory System	7
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	188

Total Residents Diagnosed as Mentally Ill 106

Total Residents Reported as Identified Offenders 38

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	219	219	196	219	188	31	0	219
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	219	219	196	219	188	31	0	219

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	66640	83.4%	1150	0	370	0	68160	85.3%	85.3%
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	0	0.0%	66640	83.4%	1150	0	370	0	68160	85.3%	85.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	1	0	0	0	0	0	0	10	1	11
45 to 59	71	42	0	0	0	0	0	0	71	42	113
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	19	20	0	0	0	0	0	0	19	20	39
75 to 84	7	7	0	0	0	0	0	0	7	7	14
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	112	76	0	0	0	0	0	0	112	76	188

SHARON HEALTH CARE WILLOWS
3520 NORTH ROCHELLE
PEORIA, IL. 61604

Classification Numbers

License Number	6007272	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	184	3	0	1	0	188
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	184	3	0	1	0	188

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	30	0	0	0	30
Hawaiian/Pacific Isl.	0	0	0	0	0
White	156	0	0	0	156
Race Unknown	0	0	0	0	0
Total	188	0	0	0	188

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	188	0	0	0	188
Ethnicity Unknown	0	0	0	0	0
Total	188	0	0	0	188

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	14.00
Certified Aides	46.00
Other Health Staff	0.00
Non-Health Staff	62.00
Totals	130.00

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
0.0%	97.8%	1.6%	0.0%	0.6%	100.0%		
0	7,082,136	119,180	0	41,975	7,243,291	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHARON HEALTH CARE WOODS
3223 WEST RICHWOODS BOULEVARD
PEORIA, IL. 61604

Reference Numbers Facility ID 6007926
Health Service Area 002 Planning Service Area 143

Administrator
Bobby Ford

Contact Person and Telephone
Richard Duros
847-441-8200

Date Completed
3/14/2014

Registered Agent Information
Gary Weintraub
465 Central Avenue Suite 100
Northfield, IL 60093

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	144
Total Admissions 2013	51
Total Discharges 2013	48
Residents on 12/31/2013	147

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	147
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	147

Total Residents Diagnosed as Mentally Ill 147

Total Residents Reported as Identified Offenders 36

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	152	152	152	152	147	5	0	152
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	152	152	152	152	147	5	0	152

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	51235	92.3%	0	0	98	0	51333	92.5%	92.5%
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	0	0.0%	51235	92.3%	0	0	98	0	51333	92.5%	92.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	30	21	0	0	0	0	0	0	30	21	51
45 to 59	40	22	0	0	0	0	0	0	40	22	62
60 to 64	19	8	0	0	0	0	0	0	19	8	27
65 to 74	2	5	0	0	0	0	0	0	2	5	7
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	56	0	0	0	0	0	0	91	56	147

SHARON HEALTH CARE WOODS
3223 WEST RICHWOODS BOULEVARD
PEORIA, IL. 61604

Classification Numbers

License Number	6007926	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	147	0	0	0	0	147
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	147	0	0	0	0	147

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	2	0	0	0	2
Black	25	0	0	0	25
Hawaiian/Pacific Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	0	0	0	0	0
Total	147	0	0	0	147

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	0	0	0	0	0
Total	147	0	0	0	147

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	28.00
Other Health Staff	20.00
Non-Health Staff	35.00
Totals	97.00

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
0.0%	99.6%	0.0%	0.0%	0.4%	100.0%		
0	5,264,500	0	0	18,500	5,283,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHAWNEE CHRISTIAN NURSING CENTER
1901 N. 13TH STREET
HERRIN, IL. 62948

Reference Numbers Facility ID 6008528
Health Service Area 005 Planning Service Area 199

Administrator
Edgar Marthiens

Contact Person and Telephone
Susan McGhee

Date Completed
4/3/2014

Registered Agent Information
Timothy F. Phillippe
200 N Postville Dr
Lincoln, IL 62656

Building		Reported Age
Building 1	Section 1	42
Building 2	Section 2	41
Building 3	Section 3	40
Building 4	Section 4	38
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	115
Total Admissions 2013	227
Total Discharges 2013	220
Residents on 12/31/2013	122

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	7
Mental Illness	3
Developmental Disability	0
Circulatory System	31
Respiratory System	16
Digestive System	3
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	33
Non-Medical Conditions	0
TOTALS	122

Total Residents Diagnosed as Mentally Ill 73

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	159	159	132	156	122	37	83	159
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	159	159	132	156	122	37	83	159

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8838	29.2%	27911	48.1%	0	587	6397	0	43733	75.4%	75.4%
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	8838	29.2%	27911	48.1%	0	587	6397	0	43733	75.4%	75.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	5	10	0	0	0	0	0	0	5	10	15
75 to 84	10	26	0	0	0	0	0	0	10	26	36
85+	9	52	0	0	0	0	0	0	9	52	61
TOTALS	26	96	0	0	0	0	0	0	26	96	122

SHAWNEE CHRISTIAN NURSING CENTER
1901 N. 13TH STREET
HERRIN, IL. 62948

Classification Numbers

License Number	6008528	
Health Service Area	005	
Planning Service Area	199	Williamson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	84	0	1	20	0	122
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	84	0	1	20	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	152
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	121	0	0	0	121
Race Unknown	0	0	0	0	0
Total	122	0	0	0	122

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	122	0	0	0	122
Ethnicity Unknown	0	0	0	0	0
Total	122	0	0	0	122

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.07
Physicians	0.00
Director of Nursing	1.07
Registered Nurses	6.45
LPN's	18.25
Certified Aides	50.46
Other Health Staff	8.33
Non-Health Staff	41.00
Totals	126.63

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
45.4%	38.2%	0.0%	3.6%	12.8%	100.0%		
3,794,691	3,188,643	0	297,383	1,068,765	8,349,482	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHAWNEE ROSE CARE CENTER
1000 WEST SLOAN STREET
HARRISBURG, IL. 62946

Reference Numbers Facility ID 6004055
Health Service Area 005 Planning Service Area 059

Administrator
Susan Williams

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/2/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Shawnee Rose Care Center/Nur	52
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	38
Total Admissions 2013	58
Total Discharges 2013	58
Residents on 12/31/2013	38

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	38

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	68	57	45	57	38	30	60	68
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	68	57	45	57	38	30	60	68

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1332	6.1%	9038	36.4%	88	36	4305	0	14799	59.6%	71.1%
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	1332	6.1%	9038	36.4%	88	36	4305	0	14799	59.6%	71.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	3	10	0	0	0	0	0	0	3	10	13
TOTALS	14	24	0	0	0	0	0	0	14	24	38

SHAWNEE ROSE CARE CENTER
1000 WEST SLOAN STREET
HARRISBURG, IL. 62946

Classification Numbers

License Number	6004055	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	26	0	0	10	0	38
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	26	0	0	10	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	105
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	38	0	0	0	38

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	38	0	0	0	38
Ethnicity Unknown	0	0	0	0	0
Total	38	0	0	0	38

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	40.00

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
31.5%	49.9%	0.0%	0.0%	18.6%	100.0%		
596,632	946,841	0	0	352,431	1,895,904	3,351	0.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHELBYVILLE MANOR
1111 WEST NORTH 12TH STREET
SHELBYVILLE, IL. 62565

Reference Numbers Facility ID 6008544
Health Service Area 004 Planning Service Area 173

Administrator
Karen Dailey

Contact Person and Telephone
KAREN DAILEY
217-774-2111

Date Completed
3/13/2014

Registered Agent Information
Michael Bibo
285 South Farnham
Galesburg, IL 62401

Building		Reported Age
Building 1	Shelbyville Manor (Long Term C	50
Building 2	Hawthorne Inn (Assisted Living)	12
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	75
Total Admissions 2013	187
Total Discharges 2013	186
Residents on 12/31/2013	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	4
Developmental Disability	0
Circulatory System	13
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	12
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	76

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	115	82	115	76	39	109	109
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	115	115	82	115	76	39	109	109

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7869	19.8%	12379	31.1%	218	231	6090	0	26787	63.8%	63.8%
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	7869	19.8%	12379	31.1%	218	231	6090	0	26787	63.8%	63.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	7	12	0	0	0	0	0	0	7	12	19
85+	10	40	0	0	0	0	0	0	10	40	50
TOTALS	20	56	0	0	0	0	0	0	20	56	76

SHELBYVILLE MANOR
1111 WEST NORTH 12TH STREET
SHELBYVILLE, IL. 62565

Classification Numbers

License Number	6008544	
Health Service Area	004	
Planning Service Area	173	Shelby

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	33	0	1	19	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	33	0	1	19	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	156
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	12.00
Certified Aides	39.00
Other Health Staff	0.00
Non-Health Staff	32.00
Totals	87.00

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
49.4%	22.1%	0.3%	0.2%	27.9%	100.0%		
3,336,906	1,493,331	22,781	15,189	1,880,907	6,749,114	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHELBYVILLE REHAB & HLTHCARE CTR
2116 S. 3RD & DACEY DRIVE
SHELBYVILLE, IL. 62565

Reference Numbers Facility ID 6008536
Health Service Area 004 Planning Service Area 173

Administrator
Susan M. Shaw

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/2/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Shelbyville RHCC/Nursing Home	43
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	30
Total Admissions 2013	27
Total Discharges 2013	26
Residents on 12/31/2013	31

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	31

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	60	34	60	31	49	12	80
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	60	34	60	31	49	12	80

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	986	22.5%	6814	23.3%	642	0	2351	0	10793	37.0%	49.3%
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	986	22.5%	6814	23.3%	642	0	2351	0	10793	37.0%	49.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	0	8	0	0	0	0	0	0	0	8	8
85+	3	14	0	0	0	0	0	0	3	14	17
TOTALS	5	26	0	0	0	0	0	0	5	26	31

SHELBYVILLE REHAB & HLTHCARE CTR
2116 S. 3RD & DACEY DRIVE
SHELBYVILLE, IL. 62565

Classification Numbers

License Number	6008536	
Health Service Area	004	
Planning Service Area	173	Shelby

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	17	0	0	12	0	31
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	17	0	0	12	0	31

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	0	0	0	0	0
Total	31	0	0	0	31

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	31	0	0	0	31
Ethnicity Unknown	0	0	0	0	0
Total	31	0	0	0	31

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	5.00
Certified Aides	12.00
Other Health Staff	1.00
Non-Health Staff	17.00
Totals	38.00

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
25.2%	56.2%	0.0%	0.0%	18.7%	100.0%		
389,016	867,929	0	0	288,235	1,545,180	7,268	0.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHELDON HEALTH CARE CENTER
170 CONCORD STREET
SHELDON, IL. 60966

Reference Numbers Facility ID 6008569
Health Service Area 004 Planning Service Area 075

Administrator
Tina Gooding

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/2/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building	Reported Age
Building 1 Sheldon Health Care Center/Nur	50
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	28
Total Admissions 2013	15
Total Discharges 2013	13
Residents on 12/31/2013	30

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	11
Mental Illness	1
Developmental Disability	1
Circulatory System	14
Respiratory System	2
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	30

Total Residents Diagnosed as Mentally Ill 20

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	31	31	30	31	30	1	0	31
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	31	31	30	31	30	1	0	31

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	7239	64.0%	1018	0	1348	0	9605	84.9%	84.9%
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	0	0.0%	7239	64.0%	1018	0	1348	0	9605	84.9%	84.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	0	0	0	0	0	0	0	2	0	2
75 to 84	2	8	0	0	0	0	0	0	2	8	10
85+	3	12	0	0	0	0	0	0	3	12	15
TOTALS	10	20	0	0	0	0	0	0	10	20	30

SHELDON HEALTH CARE CENTER
170 CONCORD STREET
SHELDON, IL. 60966

Classification Numbers

License Number	6008569	
Health Service Area	004	
Planning Service Area	075	Iroquois

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	25	0	0	5	0	30
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	25	0	0	5	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	30	0	0	0	30
Race Unknown	0	0	0	0	0
Total	30	0	0	0	30

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	30	0	0	0	30
Ethnicity Unknown	0	0	0	0	0
Total	30	0	0	0	30

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	3.00
Certified Aides	5.00
Other Health Staff	0.00
Non-Health Staff	6.00
Totals	17.00

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
0.0%	81.8%	0.0%	0.0%	18.2%	100.0%		
0	924,583	0	0	205,592	1,130,175	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHELTERED VILLAGE
600 BORDEN
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6008577
Health Service Area 008 Planning Service Area 111

Administrator
Robet M Norris

Contact Person and Telephone
ROBERT NORRIS
815-338-6440 x 112

Date Completed
3/24/2014

Registered Agent Information
Robert R Bowman
631 Fairway Lane
Woodstock, IL 60178

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	90
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	90

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Sheltered Village ICF/DD	42
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	92
Total Admissions 2013	6
Total Discharges 2013	7
Residents on 12/31/2013	91

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	96	96	92	96	90	6		94
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	96	96	92	96	90	6	0	94

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			30916	90.1%	638	0	365	0	31919	91.1%	91.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	30916	90.1%	638	0	365	0	31919	91.1%	91.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	9	11	0	0	9	11	20
45 to 59	0	0	0	0	22	11	0	0	22	11	33
60 to 64	0	0	0	0	9	9	0	0	9	9	18
65 to 74	0	0	0	0	7	5	0	0	7	5	12
75 to 84	0	0	0	0	3	3	0	0	3	3	6
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	51	39	0	0	51	39	90

SHELTERED VILLAGE
600 BORDEN
WOODSTOCK, IL. 60098

Classification Numbers

License Number	6008577	
Health Service Area	008	
Planning Service Area	111	McHenry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		87	2	0	1	0	90
Sheltered Care			0	0	0	0	0
TOTALS	0	87	2	0	1	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	128	128
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	6	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	84	0	84
Race Unknown	0	0	0	0	0
Total	0	0	90	0	90

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	5	0	5
Non-Hispanic	0	0	85	0	85
Ethnicity Unknown	0	0	0	0	0
Total	0	0	90	0	90

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.92
LPN's	3.24
Certified Aides	38.90
Other Health Staff	20.87
Non-Health Staff	17.18
Totals	89.11

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%	67.8%	14.7%	0.0%	17.4%	100.0%		
0	3,360,664	730,552	0	864,241	4,955,457	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHERIDAN SHORES CARE & REHAB
5838 NORTH SHERIDAN ROAD
CHICAGO, IL. 60660

Reference Numbers Facility ID 6002687
Health Service Area 006 Planning Service Area 601

Administrator
Kayla Moore

Contact Person and Telephone
Ron Cournaya
847-905-3000

Date Completed
3/20/2014

Registered Agent Information
Holly Turner
2201 Main Street
Evanston, IL 60202

Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	183
Total Admissions 2013	106
Total Discharges 2013	103
Residents on 12/31/2013	186

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	23
Blood Disorders	4
*Nervous System Non Alzheimer	11
Alzheimer Disease	5
Mental Illness	30
Developmental Disability	1
Circulatory System	22
Respiratory System	28
Digestive System	9
Genitourinary System Disorders	16
Skin Disorders	11
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	186

Total Residents Diagnosed as Mentally Ill 145

Total Residents Reported as Identified Offenders 33

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	191	191	191	186	186	5	63	191
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	191	191	191	186	186	5	63	191

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6380	27.7%	58790	84.3%	4	0	677	0	65851	94.5%	94.5%
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	6380	27.7%	58790	84.3%	4	0	677	0	65851	94.5%	94.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	10	1	0	0	0	0	0	0	10	1	11
45 to 59	41	18	0	0	0	0	0	0	41	18	59
60 to 64	13	21	0	0	0	0	0	0	13	21	34
65 to 74	21	31	0	0	0	0	0	0	21	31	52
75 to 84	10	12	0	0	0	0	0	0	10	12	22
85+	5	3	0	0	0	0	0	0	5	3	8
TOTALS	100	86	0	0	0	0	0	0	100	86	186

SHERIDAN SHORES CARE & REHAB
5838 NORTH SHERIDAN ROAD
CHICAGO, IL. 60660

Classification Numbers

License Number	6002687	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	158	4	0	0	0	186
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	158	4	0	0	0	186

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	182	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	87	0	0	0	87
Hawaiian/Pacific Isl.	2	0	0	0	2
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	186	0	0	0	186

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	172	0	0	0	172
Ethnicity Unknown	0	0	0	0	0
Total	186	0	0	0	186

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	28.00
Certified Aides	53.00
Other Health Staff	31.00
Non-Health Staff	35.00
Totals	165.00

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
23.5%	75.3%	0.0%	0.0%	1.2%	100.0%		
2,338,288	7,485,214	515	0	121,649	9,945,666	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHERMAN WEST COURT
1950 LARKIN AVENUE
ELGIN, IL. 60123

Reference Numbers Facility ID 6012827
Health Service Area 008 Planning Service Area 089

Administrator
Joseph McManus

Contact Person and Telephone
JOSEPH MCMANUS
224-783-5275

Date Completed
3/4/2014

Registered Agent Information
Gail Hasbrouck
3075 Highland Parkway
Downers Grove, IL 60515

Building	Reported Age
Building 1 West Court	23
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	72
Total Admissions 2013	840
Total Discharges 2013	839
Residents on 12/31/2013	73

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	4
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	42
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	112	112	90	112	73	39	64	12
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	112	112	90	112	73	39	64	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13692	58.6%	2769	63.2%	0	3644	6421	78	26604	65.1%	65.1%
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	13692	58.6%	2769	63.2%	0	3644	6421	78	26604	65.1%	65.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	9	18	0	0	0	0	0	0	9	18	27
85+	6	18	0	0	0	0	0	0	6	18	24
TOTALS	24	49	0	0	0	0	0	0	24	49	73

SHERMAN WEST COURT
1950 LARKIN AVENUE
ELGIN, IL. 60123

Classification Numbers

License Number	6012827	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	6	0	10	16	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	41	6	0	10	16	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	280	560
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	3	0	0	0	3
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.13
Director of Nursing	1.00
Registered Nurses	22.70
LPN's	0.90
Certified Aides	24.70
Other Health Staff	2.90
Non-Health Staff	45.70
Totals	100.03

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
59.2%	4.1%	0.0%	16.1%	20.5%	100.0%		
5,793,552	405,631	0	1,576,255	2,005,130	9,780,568	23,468	0.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHORE HOME EAST
503 MICHIGAN AVENUE
EVANSTON, IL. 60202

Reference Numbers Facility ID 6006639
Health Service Area 007 Planning Service Area 702

Administrator
Claire Lane

Contact Person and Telephone
Alexandra V. Halilovic
847-982-2030 Ext.29

Date Completed
3/26/2014

Registered Agent Information
Debora Braun
4232 Dempster Street
Skokie, IL 60076

Building	Reported Age
Building 1 Shore Homes East	30
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4192	95.7%	0	0	0	0	4192	95.7%	95.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4192	95.7%	0	0	0	0	4192	95.7%	95.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	1	0	0	1	1	2
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	3	0	0	1	3	4
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	6	0	0	6	6	12

SHORE HOME EAST
503 MICHIGAN AVENUE
EVANSTON, IL. 60202

Classification Numbers

License Number	6006639	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	106	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	4.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	7.00

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
0.0%	48.5%	25.5%	0.0%	26.0%	100.0%		
0	300,455	158,088	0	161,015	619,558	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SKOKIE MEADOWS NURSING CENTER II
4600 WEST GOLF ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID 6008643
Health Service Area 007 Planning Service Area 702

Administrator
JOAN WILLEY

Contact Person and Telephone
MARK APPEL
847-679-4161

Date Completed
3/25/2014

Registered Agent Information
MARK APPEL
9615 N KNOX AVE
Skokie, IL 60076

Building		Reported Age
Building 1	SKOKIE MEADOWS	60
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	98
Total Admissions 2013	31
Total Discharges 2013	34
Residents on 12/31/2013	95

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	95
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	95

Total Residents Diagnosed as Mentally Ill 95

Total Residents Reported as Identified Offenders 8

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	111	104	100	104	95	16	0	111
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	111	104	100	104	95	16	0	111

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	24778	61.2%	8936	0	753	0	34467	85.1%	90.8%
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	0	0.0%	24778	61.2%	8936	0	753	0	34467	85.1%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	16	1	0	0	0	0	0	0	16	1	17
45 to 59	34	2	0	0	0	0	0	0	34	2	36
60 to 64	14	3	0	0	0	0	0	0	14	3	17
65 to 74	22	1	0	0	0	0	0	0	22	1	23
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	88	7	0	0	0	0	0	0	88	7	95

SKOKIE MEADOWS NURSING CENTER II
4600 WEST GOLF ROAD
SKOKIE, IL. 60076

Classification Numbers

License Number	6008643	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	67	26	0	2	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	67	26	0	2	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	10	0	0	0	10
American Indian	0	0	0	0	0
Black	22	0	0	0	22
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	1.00
Certified Aides	15.00
Other Health Staff	4.00
Non-Health Staff	31.00
Totals	60.00

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
0.0%	67.3%	30.6%	0.0%	2.1%	100.0%		
0	2,819,690	1,281,235	0	86,276	4,187,201	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SMITH CROSSING
10501 EMILIE LANE
ORLAND PARK, IL. 60467

Reference Numbers Facility ID 6016059
Health Service Area 009 Planning Service Area 197

Administrator
Frank Guajardo

Contact Person and Telephone
Frank Guajardo
708-326-2300

Date Completed
4/3/2013

Registered Agent Information
CT Corporation System
208 S. LaSalle Street, Suite 814
Chicago, IL 60604

Continuing Care Retirement Community
Life Care Facility

Building	Reported Age
Building 1 Skilled Health Care Building	8
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	42
Total Admissions 2013	210
Total Discharges 2013	213
Residents on 12/31/2013	39

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	10
Developmental Disability	0
Circulatory System	9
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	39

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	46	46	45	46	39	7	46	30
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	46	46	45	46	39	7	46	30

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5944	35.4%	2820	25.8%	0	0	6078	0	14842	88.4%	88.4%
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	5944	35.4%	2820	25.8%	0	0	6078	0	14842	88.4%	88.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	6	4	0	0	0	0	0	0	6	4	10
85+	11	18	0	0	0	0	0	0	11	18	29
TOTALS	17	22	0	0	0	0	0	0	17	22	39

SMITH CROSSING
10501 EMILIE LANE
ORLAND PARK, IL. 60467

Classification Numbers

License Number	6016059	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	6	0	0	18	0	39
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	6	0	0	18	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	338	268
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	39	0	0	0	39

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	39	0	0	0	39
Ethnicity Unknown	0	0	0	0	0
Total	39	0	0	0	39

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	3.50
Certified Aides	19.20
Other Health Staff	3.00
Non-Health Staff	89.00
Totals	124.70

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
43.1%	10.9%	0.0%	0.0%	46.0%	100.0%		
1,928,362	486,730	0	0	2,060,051	4,475,143	92,444	2.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SMITH SQUARE
7401 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6008668
Health Service Area 010 Planning Service Area 161

Administrator
Kim Kersmarrki

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Smith Square	27
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	4	0	0	2	4	6
45 to 59	0	0	0	0	5	4	0	0	5	4	9
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	8	8	0	0	8	8	16

SMITH SQUARE
7401 34TH AVENUE
MOLINE, IL. 61265

Classification Numbers

License Number	6008668	
Health Service Area	010	
Planning Service Area	161	Rock Island

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	125
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	709,426	0	0	0	709,426	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SNYDER VILLAGE
1200 EAST PARTRIDGE
METAMORA, IL. 61548

Reference Numbers Facility ID 6011464
Health Service Area 002 Planning Service Area 203

Administrator
Timothy Wiley

Contact Person and Telephone
Timothy Wiley
309-367-4300

Date Completed
3/31/2014

Registered Agent Information
Kevin Rauh
1200 E. Partridge St.
Metamora, IL 61548

Life Care Facility

Building	Reported Age
Building 1 Health Center	26
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	90
Total Admissions 2013	154
Total Discharges 2013	160
Residents on 12/31/2013	84

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	32
Mental Illness	0
Developmental Disability	1
Circulatory System	24
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	104	104	96	104	84	20	104	104
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	104	104	96	104	84	20	104	104

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4328	11.4%	8442	22.2%	0	501	19815	117	33203	87.5%	87.5%
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	4328	11.4%	8442	22.2%	0	501	19815	117	33203	87.5%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	4	15	0	0	0	0	0	0	4	15	19
85+	16	44	0	0	0	0	0	0	16	44	60
TOTALS	22	62	0	0	0	0	0	0	22	62	84

SNYDER VILLAGE
1200 EAST PARTRIDGE
METAMORA, IL. 61548

Classification Numbers

License Number	6011464	
Health Service Area	002	
Planning Service Area	203	Woodford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	21	0	2	51	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	21	0	2	51	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	249	224
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	10.00
Certified Aides	47.00
Other Health Staff	4.00
Non-Health Staff	46.00
Totals	117.00

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
26.3%	14.0%	0.0%	2.2%	57.6%	100.0%		
2,036,931	1,082,976	0	166,938	4,466,463	7,753,308	24,958	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SNYDER'S VAUGHN HAVEN
135 SOUTH MORGAN STREET
RUSHVILLE, IL. 62681

Reference Numbers Facility ID 6008684
Health Service Area 003 Planning Service Area 009

Administrator
John R Snyder

Contact Person and Telephone
JOHN R SNYDER
217-322-3420

Date Completed
4/15/2014

Registered Agent Information
Vaughn I. Snyder
135 South Morgan Street P. O. Box 140
Rushville, IL 61681

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	63
Total Admissions 2013	48
Total Discharges 2013	59
Residents on 12/31/2013	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	6
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	96	65	96	52	47	17	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	96	65	96	52	47	17	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1990	32.1%	10169	28.1%	0	0	8154	0	20313	56.2%	58.0%
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	1990	32.1%	10169	28.1%	0	0	8154	0	20313	56.2%	58.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	4	7	0	0	0	0	0	0	4	7	11
85+	7	19	0	0	0	0	0	0	7	19	26
TOTALS	17	35	0	0	0	0	0	0	17	35	52

SNYDER'S VAUGHN HAVEN
135 SOUTH MORGAN STREET
RUSHVILLE, IL. 62681

Classification Numbers

License Number	6008684	
Health Service Area	003	
Planning Service Area	009	Brown/Schuyler

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	26	0	0	18	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	26	0	0	18	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	8.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	61.00

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
27.3%	32.9%	0.0%	0.0%	39.9%	100.0%		
860,812	1,038,070	0	0	1,259,087	3,157,969	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SOUTH ELGIN REHAB & HLTHCARE CT
746 SPRING STREET
SOUTH ELGIN, IL. 60177

Reference Numbers Facility ID 6008718
Health Service Area 008 Planning Service Area 089

Administrator
Susan Held

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/2/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	South Elgin RHCC/Nursing Hom	40
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	74
Total Admissions 2013	68
Total Discharges 2013	72
Residents on 12/31/2013	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	24
Alzheimer Disease	5
Mental Illness	2
Developmental Disability	5
Circulatory System	9
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	10
TOTALS	70

Total Residents Diagnosed as Mentally Ill 30

Total Residents Reported as Identified Offenders 7

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	80	77	80	70	20	14	90
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	80	77	80	70	20	14	90

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1826	35.7%	21522	65.5%	680	0	2127	0	26155	79.6%	89.6%
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	1826	35.7%	21522	65.5%	680	0	2127	0	26155	79.6%	89.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	0	0	0	0	2	0	2
45 to 59	10	9	0	0	0	0	0	0	10	9	19
60 to 64	8	6	0	0	0	0	0	0	8	6	14
65 to 74	11	9	0	0	0	0	0	0	11	9	20
75 to 84	5	4	0	0	0	0	0	0	5	4	9
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	39	31	0	0	0	0	0	0	39	31	70

SOUTH ELGIN REHAB & HLTHCARE CT
746 SPRING STREET
SOUTH ELGIN, IL. 60177

Classification Numbers

License Number	6008718	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	57	4	2	5	0	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	57	4	2	5	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	3.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	52.00

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
26.2%	67.7%	0.0%	0.0%	6.0%	100.0%		
1,238,824	3,202,203	0	2,169	283,959	4,727,155	21,358	0.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SOUTH FROSTWOOD
6010 NORTH FROSTWOOD
PEORIA, IL. 61615

Reference Numbers Facility ID 6013395
Health Service Area 002 Planning Service Area 143

Administrator
Autumn Ostergaard

Contact Person and Telephone
Autumn Ostergaard
309-219-4997

Date Completed
4/4/2014

Registered Agent Information
Julie Kim Cornwell
29817 Woodfield Dr
Mackinaw, IL 61755

Building	Reported Age
Building 1 Frostwood South	22
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	4
Total Discharges 2013	4
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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	4

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			1456	99.7%	0	0	0	0	1456	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1456	99.7%	0	0	0	0	1456	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	1	0	1
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	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	0	0	0	0	4	0	0	0	4	0	4

SOUTH FROSTWOOD
6010 NORTH FROSTWOOD
PEORIA, IL. 61615

Classification Numbers

License Number	6013395	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	190	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.20
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	3.75
Totals	4.20

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
0.0%	85.7%	0.0%	0.0%	14.3%	100.0%		
0	233,806	0	0	39,136	272,942	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SOUTH HAVEN HOME
500 S. REED ST.
ROBINSON, IL. 62454

Reference Numbers Facility ID 6011761
Health Service Area 005 Planning Service Area 033

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217-398-0754 ext 13

Date Completed
4/1/2014

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

Building		Reported Age
Building 1	500 S Reed Robinson illinois	25
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5615	96.1%	0	0	0	0	5615	96.1%	96.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5615	96.1%	0	0	0	0	5615	96.1%	96.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	3	0	0	4	3	7
45 to 59	0	0	0	0	4	2	0	0	4	2	6
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	8	7	0	0	8	7	15

SOUTH HAVEN HOME
500 S. REED ST.
ROBINSON, IL. 62454

Classification Numbers

License Number	6011761	
Health Service Area	005	
Planning Service Area	033	Crawford

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	133	133
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	13.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	632,618	0	0	0	632,618	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SOUTH SIDE MANOR
729 SOUTH WEBSTER
DECATUR, IL. 62521

Reference Numbers Facility ID 6008742
Health Service Area 004 Planning Service Area 115

Administrator
Laura Corder

Contact Person and Telephone
ANNA BRACKENBUSH
217-422-4725

Date Completed
4/2/2014

Registered Agent Information
E ROBERT ANDERSON
1204 N MAIN ST, PO BOX 10
Paris, IL 61944

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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	13

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	SOUTHSIDE MANOR	33
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	1
Total Discharges 2013	3
Residents on 12/31/2013	13

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	13	2		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	13	2	0	15

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4493	82.1%	0	0	365	0	4858	88.7%	88.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4493	82.1%	0	0	365	0	4858	88.7%	88.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	3	0	0	0	3	3
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	5	8	0	0	5	8	13

SOUTH SIDE MANOR
729 SOUTH WEBSTER
DECATUR, IL. 62521

Classification Numbers

License Number	6008742	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	1	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	1	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	107	107
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.13
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.19
LPN's	0.00
Certified Aides	6.35
Other Health Staff	0.91
Non-Health Staff	0.61
Totals	8.19

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%	77.6%	0.0%	0.0%	22.4%	100.0%		
0	463,731	0	0	133,975	597,706	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SOUTH SUBURBAN REHAB CENTER
19000 HALSTED STREET
HOMEWOOD, IL. 60430

Reference Numbers Facility ID 6016497
Health Service Area 007 Planning Service Area 705

Administrator
Nikki Dinsmore

Contact Person and Telephone
Ron Cournaya

Date Completed
4/1/2014

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60201

Building		Reported Age
Building 1	South Suburban Rehab Center	38
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	164
Total Admissions 2013	233
Total Discharges 2013	237
Residents on 12/31/2013	160

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	30
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	25
Mental Illness	25
Developmental Disability	0
Circulatory System	10
Respiratory System	16
Digestive System	2
Genitourinary System Disorders	10
Skin Disorders	15
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	15
TOTALS	160

Total Residents Diagnosed as Mentally Ill 25

Total Residents Reported as Identified Offenders 8

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	259	259	175	259	160	99	259	259
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	259	259	175	259	160	99	259	259

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7564	8.0%	49966	52.9%	0	262	4460	0	62252	65.9%	65.9%
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	7564	8.0%	49966	52.9%	0	262	4460	0	62252	65.9%	65.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	5	0	0	0	0	0	0	5	5	10
45 to 59	12	13	0	0	0	0	0	0	12	13	25
60 to 64	20	11	0	0	0	0	0	0	20	11	31
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	6	17	0	0	0	0	0	0	6	17	23
85+	1	54	0	0	0	0	0	0	1	54	55
TOTALS	50	110	0	0	0	0	0	0	50	110	160

SOUTH SUBURBAN REHAB CENTER
19000 HALSTED STREET
HOMEWOOD, IL. 60430

Classification Numbers

License Number	6016497	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	135	0	0	8	0	160
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	135	0	0	8	0	160

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	116	0	0	0	116
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	160	0	0	0	160

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	153	0	0	0	153
Ethnicity Unknown	0	0	0	0	0
Total	160	0	0	0	160

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	20.00
Certified Aides	50.00
Other Health Staff	10.00
Non-Health Staff	56.00
Totals	145.00

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
25.7%	67.4%	0.0%	0.6%	6.3%	100.0%		
2,873,101	7,527,315	0	64,989	705,775	11,171,180	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SOUTHGATE HEALTH CARE CENTER
900 EAST NINTH STREET
METROPOLIS, IL. 62960

Reference Numbers Facility ID 6008759
Health Service Area 005 Planning Service Area 087

Administrator
Rebekah Mahoney

Contact Person and Telephone
SAM THOMPSON
618-524-2683

Date Completed
3/27/2014

Registered Agent Information
Jane Parker
600 Woodland Drive
Metropolis, IL 62960

Building		Reported Age
Building 1	Main Building	40
Building 2	Horseshoe addition	30
Building 3	100 Hall addition	25
Building 4	200 Hall addition	20
Building 5	300 Hall addition	2

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	129
Total Admissions 2013	143
Total Discharges 2013	147
Residents on 12/31/2013	125

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	20
Mental Illness	19
Developmental Disability	0
Circulatory System	18
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	13
Skin Disorders	4
Musculo-skeletal Disorders	5
Injuries and Poisonings	9
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	125

Total Residents Diagnosed as Mentally Ill 20

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	140	140	131	140	125	15	106	140
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	140	140	131	140	125	15	106	140

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3821	9.9%	22387	43.8%	3568	0	15845	0	45621	89.3%	89.3%
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	3821	9.9%	22387	43.8%	3568	0	15845	0	45621	89.3%	89.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	8	25	0	0	0	0	0	0	8	25	33
85+	16	56	0	0	0	0	0	0	16	56	72
TOTALS	31	94	0	0	0	0	0	0	31	94	125

SOUTHGATE HEALTH CARE CENTER
900 EAST NINTH STREET
METROPOLIS, IL. 62960

Classification Numbers

License Number	6008759	
Health Service Area	005	
Planning Service Area	087	Johnson/Massac

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	58	10	0	46	0	125
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	58	10	0	46	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	119	0	0	0	119
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	125	0	0	0	125
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	15.00
Certified Aides	57.00
Other Health Staff	21.25
Non-Health Staff	27.00
Totals	133.25

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
31.7%	27.9%	3.9%	0.0%	36.5%	100.0%		
136,361	119,681	16,899	0	156,729	429,670	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SOUTHPORT NURSING & REHABILITATION CTR
1010 WEST 95TH STREET
CHICAGO, IL. 60643

Reference Numbers Facility ID 6014781
Health Service Area 006 Planning Service Area 603

Administrator
AYODEJI ADEGOYE

Contact Person and Telephone
AYODEJI ADEGOYE
773-298-1177

Date Completed
4/3/2014

Registered Agent Information
David M. Gross, Esq.
150 Fencl Lane
Hillside, IL 60162

Building		Reported Age
Building 1	Southpoint Nursing & Rehab CT	16
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	199
Total Admissions 2013	130
Total Discharges 2013	149
Residents on 12/31/2013	180

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	4
Mental Illness	7
Developmental Disability	0
Circulatory System	62
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	3
Other Medical Conditions	54
Non-Medical Conditions	0
TOTALS	176

Total Residents Diagnosed as Mentally Ill 42

Total Residents Reported as Identified Offenders 15

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	228	228	201	228	176	52	228	228
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	228	228	201	228	176	52	228	228

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6799	8.2%	61340	73.7%	68	0	918	0	69125	83.1%	83.1%
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	6799	8.2%	61340	73.7%	68	0	918	0	69125	83.1%	83.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	7	1	0	0	0	0	0	0	7	1	8
45 to 59	30	13	0	0	0	0	0	0	30	13	43
60 to 64	18	12	0	0	0	0	0	0	18	12	30
65 to 74	18	14	0	0	0	0	0	0	18	14	32
75 to 84	15	22	0	0	0	0	0	0	15	22	37
85+	8	18	0	0	0	0	0	0	8	18	26
TOTALS	96	80	0	0	0	0	0	0	96	80	176

SOUTHPORT NURSING & REHABILITATION CTR
1010 WEST 95TH STREET
CHICAGO, IL. 60643

Classification Numbers

License Number	6014781	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	161	0	0	2	0	176
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	161	0	0	2	0	176

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	174	0	0	0	174
Hawaiian/Pacific Isl.	0	0	0	0	0
White	2	0	0	0	2
Race Unknown	0	0	0	0	0
Total	176	0	0	0	176

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	176	0	0	0	176
Ethnicity Unknown	0	0	0	0	0
Total	176	0	0	0	176

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	30.00
Certified Aides	69.00
Other Health Staff	6.00
Non-Health Staff	37.00
Totals	153.00

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
27.5%	70.8%	0.0%	0.1%	1.7%	100.0%		
3,791,036	9,775,368	0	8,670	235,593	13,810,667	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SOUTHVIEW MANOR NURSING CENTER
3311 SOUTH MICHIGAN AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID 6001895
Health Service Area 006 Planning Service Area 603

Administrator
Debbie Massey

Contact Person and Telephone
DEBBIE MASSEY
312-326-9101

Date Completed
4/3/2014

Registered Agent Information
Tom Hein
1S443 Summit Avenue Suite 204A&B
Oakbrook Terrace, IL 60181

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	193
Total Admissions 2013	177
Total Discharges 2013	185
Residents on 12/31/2013	185

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	47
Blood Disorders	6
*Nervous System Non Alzheimer	7
Alzheimer Disease	1
Mental Illness	73
Developmental Disability	0
Circulatory System	27
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	185

Total Residents Diagnosed as Mentally Ill 83

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	200	200	185	200	185	15	42	200
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	200	200	185	200	185	15	42	200

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	946	6.2%	65860	90.2%	0	0	0	0	66806	91.5%	91.5%
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	946	6.2%	65860	90.2%	0	0	0	0	66806	91.5%	91.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	36	20	0	0	0	0	0	0	36	20	56
45 to 59	50	21	0	0	0	0	0	0	50	21	71
60 to 64	11	8	0	0	0	0	0	0	11	8	19
65 to 74	10	10	0	0	0	0	0	0	10	10	20
75 to 84	9	5	0	0	0	0	0	0	9	5	14
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	118	67	0	0	0	0	0	0	118	67	185

SOUTHVIEW MANOR NURSING CENTER
3311 SOUTH MICHIGAN AVENUE
CHICAGO, IL. 60616

Classification Numbers

License Number	6001895	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	177	0	0	0	0	185
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	177	0	0	0	0	185

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	170	0	0	0	170
Hawaiian/Pacific Isl.	0	0	0	0	0
White	13	0	0	0	13
Race Unknown	2	0	0	0	2
Total	185	0	0	0	185

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	180	0	0	0	180
Ethnicity Unknown	0	0	0	0	0
Total	185	0	0	0	185

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	19.00
Certified Aides	42.00
Other Health Staff	8.00
Non-Health Staff	70.00
Totals	151.00

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
8.0%	92.0%	0.0%	0.0%	0.0%	100.0%		
606,624	6,985,659	0	0	0	7,592,283	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	6/27/2012	Formerly 'Southview Manor'.
CHOW	6/27/2012	Change of ownership occurred.

SPARTA TERRACE
1501 MELMAR DRIVE
SPARTA, IL. 62286

Reference Numbers Facility ID 6010433
Health Service Area 005 Planning Service Area 157

Administrator
Karla K. Rogers

Contact Person and Telephone
Jessica Rosales
708-283-1530

Date Completed
3/25/2014

Registered Agent Information
John Mirecki
3615 Park Dr. Suite 100
Olympia Fields, IL 60461

Building	Reported Age
Building 1 Sparta Terrace	33
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	1
Total Discharges 2013	3
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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	13

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	13	3	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4688	80.3%	0	0	0	0	4688	80.3%	80.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4688	80.3%	0	0	0	0	4688	80.3%	80.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	1	2	0	0	1	2	3
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	6	7	0	0	6	7	13

SPARTA TERRACE
1501 MELMAR DRIVE
SPARTA, IL. 62286

Classification Numbers

License Number	6010433	
Health Service Area	005	
Planning Service Area	157	Randolph

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	120	110
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	9.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	390,912	0	0	0	390,912	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SPAULDING TERRACE
16307 SPAULDING AVENUE
MARKHAM, IL. 60426

Reference Numbers Facility ID 6013825
Health Service Area 007 Planning Service Area 705

Administrator
Annette Whitlock

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Spaulding Terrace	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	6
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	2	4	0	0	2	4	6

SPAULDING TERRACE
16307 SPAULDING AVENUE
MARKHAM, IL. 60426

Classification Numbers

License Number	6013825	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	213
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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	471,048	0	0	0	471,048	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SPRING CREEK TERRACE
3155 EAST MOUND ROAD
DECATUR, IL. 62526

Reference Numbers Facility ID 6012314
Health Service Area 004 Planning Service Area 115

Administrator
kristi nottelmann

Contact Person and Telephone
JEREMY MAUPIN
217-422-6361

Date Completed
4/3/2014

Registered Agent Information
Jeremy R Maupin
5310 East William Street Road
Decatur, IL 62521

Building	Reported Age
Building 1 Spring Creek Terrace	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	1
Total Discharges 2013	2
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5823	99.7%	0	0	0	0	5823	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5823	99.7%	0	0	0	0	5823	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	1	0	0	2	1	3
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	2	3	0	0	2	3	5
65 to 74	0	0	0	0	2	1	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	0	0	0	0	8	7	0	0	8	7	15

SPRING CREEK TERRACE
3155 EAST MOUND ROAD
DECATUR, IL. 62526

Classification Numbers

License Number	6012314	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	274	137
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	14.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	983,142	0	0	0	983,142	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SPRING VALLEY NURSING CENTER
1300 NORTH GREENWOOD STREET
SPRING VALLEY, IL. 61362

Reference Numbers Facility ID 6008783
Health Service Area 002 Planning Service Area 011

Administrator
Florencia Rocha

Contact Person and Telephone
FLORENCIA L. ROCHA
815-664-4708

Date Completed
4/3/2014

Registered Agent Information
Jack Reifer
3435 West Glenlake
Chicago, IL 60645

Building		Reported Age
Building 1	Just one building	41
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	81
Total Admissions 2013	74
Total Discharges 2013	68
Residents on 12/31/2013	87

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	5
Mental Illness	11
Developmental Disability	1
Circulatory System	9
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	6
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	76

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	76	98	76	22	17	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	76	98	76	22	17	98

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3807	61.4%	20039	56.0%	0	0	4114	0	27960	78.2%	78.2%
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	3807	61.4%	20039	56.0%	0	0	4114	0	27960	78.2%	78.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	7	15	0	0	0	0	0	0	7	15	22
85+	6	29	0	0	0	0	0	0	6	29	35
TOTALS	22	54	0	0	0	0	0	0	22	54	76

SPRING VALLEY NURSING CENTER
1300 NORTH GREENWOOD STREET
SPRING VALLEY, IL. 61362

Classification Numbers

License Number	6008783	
Health Service Area	002	
Planning Service Area	011	Bureau/Putnam

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	47	0	0	17	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	47	0	0	17	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	2	0	0	0	2
Total	76	0	0	0	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	11.00
Certified Aides	32.00
Other Health Staff	6.00
Non-Health Staff	25.00
Totals	82.00

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
31.8%	50.3%	0.0%	0.0%	17.9%	100.0%		
1,357,567	2,151,187	0	0	766,476	4,275,230	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SPRINGFIELD CARE CENTER
525 S. MARTIN LUTHER KING DR.
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6002661
Health Service Area 003 Planning Service Area 167

Administrator
Andy Kindernay

Contact Person and Telephone
Andy Kindernay
217-789-1680

Date Completed
3/24/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	63
Total Admissions 2013	40
Total Discharges 2013	40
Residents on 12/31/2013	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	61
Developmental Disability	2
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	63

Total Residents Diagnosed as Mentally Ill 63

Total Residents Reported as Identified Offenders 13

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	65	65	65	65	63	2	0	65
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	65	65	65	65	63	2	0	65

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	21656	91.3%	215	0	465	0	22336	94.1%	94.1%
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	0	0.0%	21656	91.3%	215	0	465	0	22336	94.1%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	1	0	0	0	0	0	0	4	1	5
45 to 59	14	7	0	0	0	0	0	0	14	7	21
60 to 64	10	8	0	0	0	0	0	0	10	8	18
65 to 74	10	2	0	0	0	0	0	0	10	2	12
75 to 84	3	3	0	0	0	0	0	0	3	3	6
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	42	21	0	0	0	0	0	0	42	21	63

SPRINGFIELD CARE CENTER
525 S. MARTIN LUTHER KING DR.
SPRINGFIELD, IL. 62703

Classification Numbers

License Number	6002661	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	61	0	0	2	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	61	0	0	2	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	7.00
Certified Aides	16.00
Other Health Staff	4.00
Non-Health Staff	16.00
Totals	50.00

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. AGNES HEALTH CARE CENTER
1725 SOUTH WABASH
CHICAGO, IL. 60616

Reference Numbers Facility ID 6008825
Health Service Area 006 Planning Service Area 603

Administrator
LEOLA MIXON

Contact Person and Telephone
LEOLA MIXON
312-922-2777

Date Completed
4/2/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System Non Alzheimer	27
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	2
Circulatory System	37
Respiratory System	36
Digestive System	10
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	11
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	164

Total Residents Diagnosed as Mentally Ill 50

Total Residents Reported as Identified Offenders 1

Building		Reported Age
Building 1	Skilled Nursing Home Facility	34
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	156
Total Admissions 2013	218
Total Discharges 2013	210
Residents on 12/31/2013	164

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	197	197	178	197	164	33	171	197
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	197	197	178	197	164	33	171	197

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4982	8.0%	49611	69.0%	0	31	1408	0	56032	77.9%	77.9%
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	4982	8.0%	49611	69.0%	0	31	1408	0	56032	77.9%	77.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	2	0	0	0	0	0	0	4	2	6
45 to 59	6	16	0	0	0	0	0	0	6	16	22
60 to 64	6	9	0	0	0	0	0	0	6	9	15
65 to 74	21	16	0	0	0	0	0	0	21	16	37
75 to 84	17	20	0	0	0	0	0	0	17	20	37
85+	7	40	0	0	0	0	0	0	7	40	47
TOTALS	61	103	0	0	0	0	0	0	61	103	164

ST. AGNES HEALTH CARE CENTER
1725 SOUTH WABASH
CHICAGO, IL. 60616

Classification Numbers

License Number	6008825	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	140	0	0	4	0	164
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	140	0	0	4	0	164

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	173	167
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	64	0	0	0	64
American Indian	0	0	0	0	0
Black	90	0	0	0	90
Hawaiian/Pacific Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	4	0	0	0	4
Total	164	0	0	0	164

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	160	0	0	0	160
Ethnicity Unknown	0	0	0	0	0
Total	164	0	0	0	164

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	25.00
Certified Aides	67.00
Other Health Staff	10.00
Non-Health Staff	79.00
Totals	193.00

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
24.7%	73.7%	0.0%	0.0%	1.6%	100.0%		
2,627,040	7,831,029	0	0	166,188	10,624,257	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. ANTHONY MEMORIAL HOSPITAL
503 NORTH MAPLE STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6015176
Health Service Area 005 Planning Service Area 049

Administrator
Kelly Sager Rn CNO

Contact Person and Telephone
Shawna O'Dell RN MSN COS-C
217-347-1641

Date Completed
4/10/2014

Registered Agent Information
Amy Marquardt
800 E Carpenter St.
Springfield, IL 62974

Building		Reported Age
Building 1	St. Anthony's Memorial Hospital	60
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	1
Total Admissions 2013	428
Total Discharges 2013	427
Residents on 12/31/2013	2

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	2

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	13	13	13	13	2	11	13	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	13	13	13	13	2	11	13	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2793	58.9%	0	0.0%	0	188	0	1	2982	62.8%	62.8%
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	2793	58.9%	0	0.0%	0	188	0	1	2982	62.8%	62.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	2	0	0	0	0	0	0	0	2	0	2

ST. ANTHONY MEMORIAL HOSPITAL
503 NORTH MAPLE STREET
EFFINGHAM, IL. 62401

Classification Numbers

License Number	6015176	
Health Service Area	005	
Planning Service Area	049	Effingham

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	0	0	0	0	0	2
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	0	0	0	0	0	2

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	310	262
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	2	0	0	0	2
Race Unknown	0	0	0	0	0
Total	2	0	0	0	2

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	2	0	0	0	2
Ethnicity Unknown	0	0	0	0	0
Total	2	0	0	0	2

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	1.00
Certified Aides	2.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	11.00

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
84.3%	0.0%	0.0%	15.7%	0.0%	100.0%		
833,585	0	0	155,359	0	988,944	37	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. ANTHONY'S NURSING & REHAB CENTER
767 - 30TH STREET
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6008866
Health Service Area 010 Planning Service Area 161

Administrator
TIM BLEDSOE

Contact Person and Telephone
Suzanne Koenig

Date Completed
4/3/2014

Registered Agent Information
Pual Gilman
330 N. Wabash
Chicago, IL 60611

Life Care Facility

Building	Reported Age
Building 1	80
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	93
Total Admissions 2013	144
Total Discharges 2013	118
Residents on 12/31/2013	119

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	13
Blood Disorders	3
*Nervous System Non Alzheimer	8
Alzheimer Disease	21
Mental Illness	7
Developmental Disability	0
Circulatory System	17
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	130	130	93	130	98	32	44	130
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	130	130	93	130	98	32	44	130

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3600	22.4%	23950	50.5%	0	570	4826	0	32946	69.4%	69.4%
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	3600	22.4%	23950	50.5%	0	570	4826	0	32946	69.4%	69.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	6	3	0	0	0	0	0	0	6	3	9
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	10	36	0	0	0	0	0	0	10	36	46
TOTALS	36	62	0	0	0	0	0	0	36	62	98

ST. ANTHONY'S NURSING & REHAB CENTER
767 - 30TH STREET
ROCK ISLAND, IL. 61201

Classification Numbers

License Number	6008866	
Health Service Area	010	
Planning Service Area	161	Rock Island

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	65	0	4	20	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	65	0	4	20	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	152
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.25
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	13.50
Certified Aides	32.50
Other Health Staff	1.50
Non-Health Staff	32.00
Totals	85.25

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
29.4%	54.8%	0.0%	0.7%	15.1%	100.0%		
1,807,558	3,375,555	0	44,821	928,758	6,156,692	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6008890
Health Service Area 003 Planning Service Area 107

Administrator
Michael Eads

Contact Person and Telephone
Rabecca Howard
309-828-4361

Date Completed
3/31/2014

Registered Agent Information
E. Zachary Dinardo
1 N. Old State Capital Plz. 200
Springfield, IL 62701

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	8
Mental Illness	19
Developmental Disability	1
Circulatory System	12
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	17
TOTALS	99

Total Residents Diagnosed as Mentally Ill 19

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	st. Clara's Manor Skilled Nursin	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	109
Total Admissions 2013	99
Total Discharges 2013	109
Residents on 12/31/2013	99

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	140	131	115	131	99	41	140	140
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	140	131	115	131	99	41	140	140

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4021	7.9%	23973	46.9%	0	0	9887	0	37881	74.1%	79.2%
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	4021	7.9%	23973	46.9%	0	0	9887	0	37881	74.1%	79.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	6	2	0	0	0	0	0	0	6	2	8
75 to 84	6	24	0	0	0	0	0	0	6	24	30
85+	7	52	0	0	0	0	0	0	7	52	59
TOTALS	20	79	0	0	0	0	0	0	20	79	99

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Classification Numbers

License Number	6008890	
Health Service Area	003	
Planning Service Area	107	Logan

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	56	0	0	33	0	99
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	56	0	0	33	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	187	172
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	99	0	0	0	99

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
Total	99	0	0	0	99

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	15.00
Certified Aides	44.00
Other Health Staff	0.00
Non-Health Staff	36.00
Totals	103.00

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
32.4%	39.2%	0.0%	0.0%	28.4%	100.0%		
2,045,848	2,476,365	0	0	1,794,239	6,316,452	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. CLARE'S HOSPITAL
915 E. 5TH ST.
ALTON, IL. 62002

Reference Numbers Facility ID 6012728
Health Service Area 011 Planning Service Area 119

Administrator
Sister M. Mikela Meidl

Contact Person and Telephone
SISTER M. ANSELMA BELONGEA
618-474-6107

Date Completed
3/31/2014

Registered Agent Information
Sister M. Anastasia Maher
1 Saint Anthony's Way
Alton, IL 62002

Building		Reported Age
Building 1	Saint Clare's Hospital	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	20
Total Admissions 2013	306
Total Discharges 2013	314
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	12

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	30	30	24	26	12	18	24	24
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	30	30	24	26	12	18	24	24

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4711	53.8%	57	0.7%	0	550	163	0	5481	50.1%	50.1%
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	4711	53.8%	57	0.7%	0	550	163	0	5481	50.1%	50.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	4	3	0	0	0	0	0	0	4	3	7
85+	2	2	0	0	0	0	0	0	2	2	4
TOTALS	6	6	0	0	0	0	0	0	6	6	12

ST. CLARE'S HOSPITAL
915 E. 5TH ST.
ALTON, IL. 62002

Classification Numbers

License Number	6012728	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	0	0	1	0	0	12
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	0	0	1	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	605	575
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	12	0	0	0	12
Race Unknown	0	0	0	0	0
Total	12	0	0	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	12	0	0	0	12
Ethnicity Unknown	0	0	0	0	0
Total	12	0	0	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	2.50
Certified Aides	9.00
Other Health Staff	2.40
Non-Health Staff	0.60
Totals	20.00

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. JAMES MANOR & VILLA
1251 EAST RICHTON ROAD
CRETE, IL. 60417

Reference Numbers Facility ID 6010664
Health Service Area 009 Planning Service Area 197

Administrator
Mike Hunter

Contact Person and Telephone
Mike Hunter
708-672-6700

Date Completed
5/12/2014

Registered Agent Information

Building	Reported Age
Building 1	14
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	90
Total Admissions 2013	231
Total Discharges 2013	230
Residents on 12/31/2013	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	43
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	110	110	101	110	91	19	110	55
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	110	110	101	110	91	19	110	55

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12187	30.4%	11115	55.4%	0	255	100006	0	123563	307.8%	307.8%
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	12187	30.4%	11115	55.4%	0	255	100006	0	123563	307.8%	307.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	14	6	0	0	0	0	0	0	14	6	20
75 to 84	4	20	0	0	0	0	0	0	4	20	24
85+	0	44	0	0	0	0	0	0	0	44	44
TOTALS	20	71	0	0	0	0	0	0	20	71	91

ST. JAMES MANOR & VILLA
1251 EAST RICHTON ROAD
CRETE, IL. 60417

Classification Numbers

License Number	6010664	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	36	0	2	20	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	36	0	2	20	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	232	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	18.00
Certified Aides	46.00
Other Health Staff	0.00
Non-Health Staff	45.00
Totals	119.00

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
64.5%	13.7%	0.0%	3.3%	18.5%	100.0%		
495,369	105,048	0	25,111	142,150	767,678	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. JOHN'S HOSPITAL
800 EAST CARPENTER
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6008940
Health Service Area 003 Planning Service Area 167

Administrator
Dr. Charles Lucore MD

Contact Person and Telephone
KATHLEEN KRAFT RN, MPH, NHA
217-544-6464 x 46218

Date Completed
4/3/2014

Registered Agent Information
Amy Bulpitt J.D., Vice President Legal Af
800 East Carpenter Street
Springfield, IL 62769

Building		Reported Age
Building 1	11th floor of St. John's Hospital-'	76
Building 2	11th floor of St John's Hospital -	39
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	26
Total Admissions 2013	1,019
Total Discharges 2013	1,014
Residents on 12/31/2013	31

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	31

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	37	37	36	37	31	6	37	37
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	37	37	36	37	31	6	37	37

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9221	68.3%	456	3.4%	56	1142	136	192	11203	83.0%	83.0%
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	9221	68.3%	456	3.4%	56	1142	136	192	11203	83.0%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	4	1	0	0	0	0	0	0	4	1	5
75 to 84	3	8	0	0	0	0	0	0	3	8	11
85+	3	6	0	0	0	0	0	0	3	6	9
TOTALS	12	19	0	0	0	0	0	0	12	19	31

ST. JOHN'S HOSPITAL
800 EAST CARPENTER
SPRINGFIELD, IL. 62702

Classification Numbers

License Number	6008940	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	0	0	5	1	0	31
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	0	0	5	1	0	31

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	670	670
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	30	0	0	0	30
Race Unknown	1	0	0	0	1
Total	31	0	0	0	31

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	30	0	0	0	30
Ethnicity Unknown	1	0	0	0	1
Total	31	0	0	0	31

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	22.10
LPN's	5.60
Certified Aides	9.70
Other Health Staff	3.50
Non-Health Staff	4.70
Totals	47.70

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
78.6%	8.2%	0.1%	13.1%	0.0%	100.0%		
1,823,652	191,186	2,605	303,385	33	2,320,861	11,822	0.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. JOSEPH HOSPITAL
2900 NORTH LAKE SHORE DRIVE
CHICAGO, IL. 60657

Reference Numbers Facility ID 6010698
Health Service Area 006 Planning Service Area 602

Administrator
CHARLES GUTFELD

Contact Person and Telephone
Elena Kurth
773-665-6253

Date Completed
3/19/2014

Registered Agent Information
SANDRA BRUCE
200 S. WACKER DRIVE 11TH FLOOR
Chicago, IL 60606

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	11
Total Admissions 2013	673
Total Discharges 2013	669
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	26	26	22	26	15	11	26	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	26	26	22	26	15	11	26	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4105	43.3%	0	0.0%	0	1054	296	0	5455	57.5%	57.5%
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	4105	43.3%	0	0.0%	0	1054	296	0	5455	57.5%	57.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	0	4	0	0	0	0	0	0	0	4	4
85+	2	5	0	0	0	0	0	0	2	5	7
TOTALS	2	13	0	0	0	0	0	0	2	13	15

ST. JOSEPH HOSPITAL
2900 NORTH LAKE SHORE DRIVE
CHICAGO, IL. 60657

Classification Numbers

License Number	6010698	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	0	0	2	0	0	15
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	0	0	2	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	881	881
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	13	0	0	0	13
Race Unknown	0	0	0	0	0
Total	15	0	0	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	15	0	0	0	15
Ethnicity Unknown	0	0	0	0	0
Total	15	0	0	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.13
Physicians	0.09
Director of Nursing	0.44
Registered Nurses	9.66
LPN's	0.00
Certified Aides	10.44
Other Health Staff	2.18
Non-Health Staff	3.13
Totals	26.07

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%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. Joseph Village of Chicago
4021 W. Belmont Avenue
Chicago, IL. 60641

Reference Numbers Facility ID 6008957
Health Service Area 006 Planning Service Area 601

Administrator
Norme Torres

Contact Person and Telephone
Kathleen Kelly
708-647-6500

Date Completed
4/2/2014

Registered Agent Information
CT Corporation
208 South LaSalle, Suite #814
Chicago, IL 60604

Continuing Care Retirement Community

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	44
Total Admissions 2013	184
Total Discharges 2013	187
Residents on 12/31/2013	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	3
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	41

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	54	54	52	54	41	13	54	11
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	54	54	52	54	41	13	54	11

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5821	29.5%	1228	30.6%	0	422	8248	0	15719	79.8%	79.8%
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	5821	29.5%	1228	30.6%	0	422	8248	0	15719	79.8%	79.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	5	8	0	0	0	0	0	0	5	8	13
85+	5	15	0	0	0	0	0	0	5	15	20
TOTALS	16	25	0	0	0	0	0	0	16	25	41

ST. Joseph Village of Chicago
4021 W. Belmont Avenue
Chicago, IL. 60641

Classification Numbers

License Number	6008957	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	5	0	3	20	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	5	0	3	20	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	324	288
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	34	0	0	0	34
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	6.00
Certified Aides	17.00
Other Health Staff	3.00
Non-Health Staff	43.00
Totals	80.00

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
46.4%	3.4%	0.0%	2.5%	47.7%	100.0%		
2,755,242	202,372	0	148,673	2,833,888	5,940,175	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. JOSEPH'S HOME FOR AGED
3306 SOUTH 6TH STREET ROAD
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6008965
Health Service Area 003 Planning Service Area 167

Administrator
Sister M. Lenore Highland

Contact Person and Telephone
SISTER M. LENORE HIGHLAND
217-529-5596

Date Completed
3/24/2014

Registered Agent Information
Sister Paula Vasquez
2408 West Heading Avenue
West Peoria, IL 61604

Continuing Care Retirement Community

Building		Reported Age
Building 1	Main Building 3 stories	91
Building 2	Holy Family Center 1 story	5
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	88
Total Admissions 2013	34
Total Discharges 2013	39
Residents on 12/31/2013	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	44
Mental Illness	5
Developmental Disability	0
Circulatory System	18
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	72	71	71	71	67	5	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	35	27	27	27	16	19		
TOTAL BEDS	107	98	98	98	83	24	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	20963	2707	23670	90.1%	91.3%
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	5447	730	6177	48.4%	62.7%
TOTALS	0	0.0%	0	0.0%	0	0	26410	3437	29847	76.4%	83.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	5	14	0	0	0	0	2	3	7	17	24
85+	12	34	0	0	0	0	3	8	15	42	57
TOTALS	18	49	0	0	0	0	5	11	23	60	83

ST. JOSEPH'S HOME FOR AGED
3306 SOUTH 6TH STREET ROAD
SPRINGFIELD, IL. 62703

Classification Numbers

License Number	6008965	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	59	8	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	14	2	16
TOTALS	0	0	0	0	73	10	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	209	201
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	116	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	16	83
Race Unknown	0	0	0	0	0
Total	67	0	0	16	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	67	0	0	16	83
Total	67	0	0	16	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	24.00
Certified Aides	35.50
Other Health Staff	0.00
Non-Health Staff	45.50
Totals	114.50

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%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	5,546,009	5,546,009	333,160	6.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. JOSEPH'S HOME FOR ELDERLY
80 WEST NORTHWEST HIGHWAY
PALATINE, IL. 60067

Reference Numbers Facility ID 6009005
Health Service Area 007 Planning Service Area 701

Administrator
Sr. Marguerite McCarthy

Contact Person and Telephone
SR. MARGUERITE MCCARTHY
847-358-5700

Date Completed
5/20/2014

Registered Agent Information
Michael L. McDermott
30 N. LaSalle St., #4100
Chicago, IL 60602

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	0
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	56

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	St. Joseph's Home	47
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	57
Total Admissions 2013	8
Total Discharges 2013	9
Residents on 12/31/2013	56

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	59	59	55	59	53	6	0	51
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	7	7	4	7	3	4		
TOTAL BEDS	66	66	59	66	56	10	0	51

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	17242	92.6%	0	365	3141	0	20748	96.3%	96.3%
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	0	0.0%	17242	92.6%	0	365	3141	0	20748	86.1%	86.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	4	6	0	0	0	0	0	2	4	8	12
85+	4	37	0	0	0	0	1	0	5	37	42
TOTALS	8	45	0	0	0	0	1	2	9	47	56

ST. JOSEPH'S HOME FOR ELDERLY
80 WEST NORTHWEST HIGHWAY
PALATINE, IL. 60067

Classification Numbers

License Number	6009005	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	45	0	0	8	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	3	0	3
TOTALS	0	45	0	0	11	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	45	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	3	54
Race Unknown	0	0	0	0	0
Total	53	0	0	3	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	51	0	0	3	54
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	3	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	7.00
LPN's	5.00
Certified Aides	28.00
Other Health Staff	4.00
Non-Health Staff	37.00
Totals	81.00

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
0.0%	81.6%	0.0%	0.0%	18.4%	100.0%		
0	2,000,040	0	0	449,490	2,449,530	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	3/16/2012	Discontinued 1 Nursing Care bed; facility now has 59 Nursing Care and 7 Sheltered Care beds.

ST. JOSEPH'S MEDICAL CENTER
2200 EAST WASHINGTON STREET
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6011407
Health Service Area 004 Planning Service Area 113

Administrator
Chad Boore

Contact Person and Telephone
Kyle Scheuer
309-662-3311 x3070

Date Completed
3/26/2014

Registered Agent Information
St. Joseph Medical Center
2200 East Washington Street
Bloomington, IL 61701

Building		Reported Age
Building 1	St. Joseph Medical Center	47
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	6
Total Admissions 2013	314
Total Discharges 2013	312
Residents on 12/31/2013	8

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	8

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	12	12	11	12	8	4	12	12
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	11	12	8	4	12	12

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1943	44.4%	138	3.2%	195	63	0	81	2420	55.3%	55.3%
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	1943	44.4%	138	3.2%	195	63	0	81	2420	55.3%	55.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	0	1	0	0	0	0	0	0	0	1	1
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	2	6	0	0	0	0	0	0	2	6	8

ST. JOSEPH'S MEDICAL CENTER
2200 EAST WASHINGTON STREET
BLOOMINGTON, IL. 61701

Classification Numbers

License Number	6011407	
Health Service Area	004	
Planning Service Area	113	McLean

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	0	0	2	0	0	8
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	0	0	2	0	0	8

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	500
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	8	0	0	0	8
Race Unknown	0	0	0	0	0
Total	8	0	0	0	8

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	8	0	0	0	8
Ethnicity Unknown	0	0	0	0	0
Total	8	0	0	0	8

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.10
Physicians	0.05
Director of Nursing	0.50
Registered Nurses	4.50
LPN's	0.60
Certified Aides	4.20
Other Health Staff	0.60
Non-Health Staff	0.40
Totals	10.95

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%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. JOSEPH'S NURSING HOME
401 9TH STREET
LACON, IL. 61540

Reference Numbers Facility ID 6008999
Health Service Area 002 Planning Service Area 123

Administrator
Jacquie Helphinstine

Contact Person and Telephone
Jacquie Helphinstine
309-246-2175

Date Completed
4/1/2014

Registered Agent Information
Sr. Loretta Matas
401 9Th Street
Lacon, IL 61540

Building		Reported Age
Building 1	St. Joseph Nursing Home	50
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	80
Total Admissions 2013	78
Total Discharges 2013	34
Residents on 12/31/2013	124

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	33
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	1
Circulatory System	7
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	93	93	80	93	79	14	93	44
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	93	93	80	93	79	14	93	44

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2523	7.4%	15025	93.6%	0	0	11100	85	28733	84.6%	84.6%
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	2523	7.4%	15025	93.6%	0	0	11100	85	28733	84.6%	84.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	9	14	0	0	0	0	0	0	9	14	23
85+	9	40	0	0	0	0	0	0	9	40	49
TOTALS	21	58	0	0	0	0	0	0	21	58	79

ST. JOSEPH'S NURSING HOME
401 9TH STREET
LACON, IL. 61540

Classification Numbers

License Number	6008999	
Health Service Area	002	
Planning Service Area	123	Marshall/Stark

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	41	0	0	34	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	41	0	0	34	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	192	182
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	7.00
Certified Aides	20.00
Other Health Staff	1.00
Non-Health Staff	31.00
Totals	69.00

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
27.4%	43.6%	0.0%	0.0%	29.0%	100.0%		
1,258,839	2,002,227	0	0	1,334,818	4,595,884	15,184	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. MARTHA'S MANOR
4621 NORTH RACINE AVENUE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6009013
Health Service Area 006 Planning Service Area 601

Administrator
Bridget Wilmot

Contact Person and Telephone
BRIDGET WILMOT
773-784-2300

Date Completed
3/19/2014

Registered Agent Information
Peter O'Brien
1520 N. Wells St.
Chicago, IL 60610

Building		Reported Age
Building 1	Main Building	68
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	124
Total Admissions 2013	30
Total Discharges 2013	39
Residents on 12/31/2013	115

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	32
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	2
Circulatory System	41
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 110

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	132	132	128	132	115	17	0	132
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	132	132	128	132	115	17	0	132

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	44956	93.3%	0	0	0	0	44956	93.3%	93.3%
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	0	0.0%	44956	93.3%	0	0	0	0	44956	93.3%	93.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	21	24	0	0	0	0	0	0	21	24	45
65 to 74	39	12	0	0	0	0	0	0	39	12	51
75 to 84	1	9	0	0	0	0	0	0	1	9	10
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	64	51	0	0	0	0	0	0	64	51	115

ST. MARTHA'S MANOR
4621 NORTH RACINE AVENUE
CHICAGO, IL. 60640

Classification Numbers

License Number	6009013	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	115	0	0	0	0	115
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	115	0	0	0	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	124	124
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	2	0	0	0	2
Black	40	0	0	0	40
Hawaiian/Pacific Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	13.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	58.00
Totals	107.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	5,243,793	0	0	0	5,243,793	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. MARY'S HOSPITAL
1800 EAST LAKE SHORE DRIVE
DECATUR, IL. 62521

Reference Numbers Facility ID 6009047
Health Service Area 004 Planning Service Area 115

Administrator
Dan Perryman

Contact Person and Telephone
Adam Feriozzi
217-464-5543

Date Completed
4/4/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	11
Total Admissions 2013	98
Total Discharges 2013	109
Residents on 12/31/2013	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
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	0

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	14	14	13	14	0	14	14	4
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	14	14	13	14	0	14	14	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1185	23.2%	7	0.5%	0	7	0	15	1214	23.8%	23.8%
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	1185	23.2%	7	0.5%	0	7	0	15	1214	23.8%	23.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0

ST. MARY'S HOSPITAL
1800 EAST LAKE SHORE DRIVE
DECATUR, IL. 62521

Classification Numbers

License Number	6009047	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	0	0	0

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	0.00

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
89.8%	0.9%	0.0%	8.8%	0.5%	100.0%		
233,630	2,239	0	22,968	1,215	260,052	28,871	11.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. MATTHEW CENTER FOR HEALTH
1601 NORTH WESTERN AVENUE
PARK RIDGE, IL. 60068

Reference Numbers Facility ID 6009096
Health Service Area 007 Planning Service Area 702

Administrator
Stephen Nussbaum

Contact Person and Telephone
Stephen Nussbaum
847-825-5531

Date Completed
3/31/2014

Registered Agent Information
Craig Colmar
2201 Waukegan Road -Suite 260
Bannockburn, IL 60015

Life Care Facility

Building		Reported Age
Building 1	original building - West end	55
Building 2	Addition one - Chapel area	49
Building 3	Addition two - east end	40
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	107
Total Admissions 2013	259
Total Discharges 2013	264
Residents on 12/31/2013	102

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	17
Mental Illness	0
Developmental Disability	0
Circulatory System	35
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	6
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	102

Total Residents Diagnosed as Mentally Ill 39

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	140	140	114	140	102	38	51	44
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	140	140	114	140	102	38	51	44

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5278	28.4%	11662	72.6%	0	226	20875	35	38076	74.5%	74.5%
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	5278	28.4%	11662	72.6%	0	226	20875	35	38076	74.5%	74.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	12	17	0	0	0	0	0	0	12	17	29
85+	18	48	0	0	0	0	0	0	18	48	66
TOTALS	33	69	0	0	0	0	0	0	33	69	102

ST. MATTHEW CENTER FOR HEALTH
1601 NORTH WESTERN AVENUE
PARK RIDGE, IL. 60068

Classification Numbers

License Number	6009096	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	30	0	3	51	0	102
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	30	0	3	51	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	268	249
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	100	0	0	0	100
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	27.90
LPN's	5.00
Certified Aides	58.60
Other Health Staff	0.00
Non-Health Staff	64.70
Totals	158.30

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
27.3%	12.7%	0.0%	1.8%	58.3%	100.0%		
2,682,260	1,245,019	0	175,895	5,735,190	9,838,364	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. PATRICK'S RESIDENCE
1400 BROOKDALE ROAD
NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6011910
Health Service Area 007 Planning Service Area 703

Administrator
Sister Jeanne F. Haley

Contact Person and Telephone
Mary L. Anderson
630-416-6565 Ext 513

Date Completed
4/4/2014

Registered Agent Information
Sister Jeanne F. Haley
1400 Brookdale Road
Naperville, IL 60563

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	52
Mental Illness	23
Developmental Disability	0
Circulatory System	47
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	3
Other Medical Conditions	39
Non-Medical Conditions	0
TOTALS	192

Total Residents Diagnosed as Mentally Ill 93

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	St. Patrick's Residence	25
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	190
Total Admissions 2013	242
Total Discharges 2013	240
Residents on 12/31/2013	192

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	209	209	198	209	192	17	206	209
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	1	1	0	1	0	1		
TOTAL BEDS	210	210	198	210	192	18	206	209

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4897	6.5%	30816	40.4%	0	0	33659	0	69372	90.9%	90.9%
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	4897	6.5%	30816	40.4%	0	0	33659	0	69372	90.5%	90.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	12	32	0	0	0	0	0	0	12	32	44
85+	16	119	0	0	0	0	0	0	16	119	135
TOTALS	32	160	0	0	0	0	0	0	32	160	192

ST. PATRICK'S RESIDENCE
1400 BROOKDALE ROAD
NAPERVILLE, IL. 60563

Classification Numbers

License Number	6011910	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	85	0	0	94	0	192
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	85	0	0	94	0	192

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	256	233
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	191	0	0	0	191
Race Unknown	0	0	0	0	0
Total	192	0	0	0	192

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	191	0	0	0	191
Ethnicity Unknown	0	0	0	0	0
Total	192	0	0	0	192

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.20
LPN's	13.60
Certified Aides	69.40
Other Health Staff	0.00
Non-Health Staff	71.90
Totals	187.10

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
15.6%	26.2%	0.0%	0.0%	58.1%	100.0%		
2,350,293	3,943,219	0	0	8,733,476	15,026,988	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. PAUL'S HOME
1021 WEST E STREET
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6009120
Health Service Area 011 Planning Service Area 163

Administrator
Cynthia J. Woods

Contact Person and Telephone
Cindy Woods
618-233-2095

Date Completed
4/4/2014

Registered Agent Information

Continuing Care Retirement Community

Building		Reported Age
Building 1	Shelter Care	88
Building 2	Skilled nursing	59
Building 3	Skilled nursing	52
Building 4	Independent living	26
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	98
Total Admissions 2013	97
Total Discharges 2013	99
Residents on 12/31/2013	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	39
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	5
Digestive System	11
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	111

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	113	109	101	109	96	17	0	113
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	28	20	28	15	-15		
TOTAL BEDS	113	137	121	137	111	2	0	113

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3053	0.0%	12479	30.3%	0	0	8841	0	24373	59.1%	61.3%
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	6040	0	6040	0.0%	59.1%
TOTALS	3053	0.0%	12479	30.3%	0	0	14881	0	30413	73.7%	60.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	5	0	0	0	0	1	1	1	6	7
75 to 84	8	18	0	0	0	0	0	4	8	22	30
85+	16	49	0	0	0	0	3	6	19	55	74
TOTALS	24	72	0	0	0	0	4	11	28	83	111

ST. PAUL'S HOME
1021 WEST E STREET
BELLEVILLE, IL. 62220

Classification Numbers

License Number	6009120	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	56	0	0	32	0	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	15	0	15
TOTALS	8	56	0	0	47	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	172	148
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	80	72

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	1	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	88	0	0	14	102
Race Unknown	1	0	0	0	1
Total	96	0	0	15	111

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	94	0	0	15	109
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	15	111

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.60
LPN's	11.00
Certified Aides	47.60
Other Health Staff	4.00
Non-Health Staff	44.90
Totals	117.10

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
22.2%	35.8%	0.5%	5.3%	36.1%	100.0%		
1,414,612	2,276,538	34,335	335,507	2,297,704	6,358,696	79,121	1.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. PAUL'S HOUSE & HEALTHCARE
3800 NORTH CALIFORNIA AVENUE
CHICAGO, IL. 60618

Reference Numbers Facility ID 6009112
Health Service Area 006 Planning Service Area 601

Administrator
John J. Hurley MBA, LNHA

Contact Person and Telephone
John J. Hurley MBA, LNHA
224-543-2309

Date Completed
4/1/2014

Registered Agent Information
Andrew Tecson Attorney
30 S. Wacker Drive, Suite 2600
Chicago, IL 60606

Continuing Care Retirement Community

Building		Reported Age
Building 1	Original St. Pauls House	93
Building 2	Addition One 1-east;2-east (197	44
Building 3	Addition two 2-west (1985)	29
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	73
Total Admissions 2013	371
Total Discharges 2013	363
Residents on 12/31/2013	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	4
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	32
Injuries and Poisonings	1
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	110	102	92	100	81	29	110	35
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	68	56	35	30	25	43		
TOTAL BEDS	178	158	127	130	106	72	110	35

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9170	22.8%	8966	70.2%	0	872	8621	6	27635	68.8%	74.2%
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	8721	1549	10270	41.4%	50.2%
TOTALS	9170	22.8%	8966	70.2%	0	872	17342	1555	37905	58.3%	65.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	0	0	0	0	2	2
45 to 59	2	3	0	0	0	0	1	0	3	3	6
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	4	1	0	0	0	0	0	0	4	1	5
75 to 84	3	17	0	0	0	0	3	4	6	21	27
85+	8	38	0	0	0	0	2	15	10	53	63
TOTALS	20	61	0	0	0	0	6	19	26	80	106

ST. PAUL'S HOUSE & HEALTHCARE
3800 NORTH CALIFORNIA AVENUE
CHICAGO, IL. 60618

Classification Numbers

License Number	6009112	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	21	0	2	28	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	21	4	25
TOTALS	30	21	0	2	49	4	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	254
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	88	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	4	0	0	1	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	23	85
Race Unknown	11	0	0	1	12
Total	81	0	0	25	106

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	59	0	0	25	84
Ethnicity Unknown	11	0	0	0	11
Total	81	0	0	25	106

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	7.00
Certified Aides	41.00
Other Health Staff	4.00
Non-Health Staff	56.00
Totals	124.00

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
40.7%	15.2%	0.0%	0.0%	44.1%	100.0%		
3,911,334	1,463,387	0	0	4,235,549	9,610,270	228,702	2.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. VINCENT'S HOME
1440 NORTH 10TH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6005466
Health Service Area 003 Planning Service Area 001

Administrator
Vickie Summers

Contact Person and Telephone
Christopher A Reis
217-228-1950

Date Completed
3/14/2014

Registered Agent Information
Giffin, Winning, Cohen & Bodewes
1 West Olst State Capital Plaza, #600
Springfield, IL 62705

Building		Reported Age
Building 1	0102 Type V (000) one story wit	36
Building 2	0202 Type II (111) one story wit	22
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	62
Total Admissions 2013	121
Total Discharges 2013	108
Residents on 12/31/2013	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	5
Mental Illness	10
Developmental Disability	0
Circulatory System	22
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	89	80	89	75	15	90	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	89	80	89	75	15	90	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3146	9.6%	10761	0.0%	0	0	11214	0	25121	76.5%	77.3%
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	3146	9.6%	10761	0.0%	0	0	11214	0	25121	76.5%	77.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	6	14	0	0	0	0	0	0	6	14	20
85+	6	39	0	0	0	0	0	0	6	39	45
TOTALS	15	60	0	0	0	0	0	0	15	60	75

ST. VINCENT'S HOME
1440 NORTH 10TH STREET
QUINCY, IL. 62301

Classification Numbers

License Number	6005466	
Health Service Area	003	
Planning Service Area	001	Adams

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	35	0	0	31	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	35	0	0	31	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.25
LPN's	11.75
Certified Aides	31.97
Other Health Staff	1.00
Non-Health Staff	31.34
Totals	93.31

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
24.2%	23.8%	0.0%	0.0%	52.0%	100.0%		
1,223,452	1,202,805	0	0	2,623,800	5,050,057	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

STATION COURT
275 WEST STATION STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013700
Health Service Area 009 Planning Service Area 091

Administrator
Jennifer Allsopp

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Station Court	20
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	6
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			2036	93.0%	0	0	0	0	2036	93.0%	93.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2036	93.0%	0	0	0	0	2036	93.0%	93.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	2	0	2
45 to 59	0	0	0	0	4	0	0	0	4	0	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	6	0	0	0	6	0	6

STATION COURT
275 WEST STATION STREET
KANKAKEE, IL. 60901

Classification Numbers

License Number	6013700	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	198
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	2	0	2
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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	423,644	0	0	0	423,644	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

STEARNS NURSING & REHAB CENTER, LLC
3900 STEARNS AVENUE
GRANITE CITY, IL. 62040

Reference Numbers Facility ID 6010441
Health Service Area 011 Planning Service Area 119

Administrator
Brent Hoffman

Contact Person and Telephone
Gary F. Eye
716-972-2392

Date Completed
3/11/2014

Registered Agent Information
UNITED CORPORATION SERVICES IN
901 S 2ND ST STE 201
Springfield, IL 62704

Building		Reported Age
Building 1	Stearns Nursing & Rehabilitation	41
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	88
Total Admissions 2013	107
Total Discharges 2013	112
Residents on 12/31/2013	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	13
Mental Illness	20
Developmental Disability	0
Circulatory System	17
Respiratory System	1
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	10
Non-Medical Conditions	2
TOTALS	83

Total Residents Diagnosed as Mentally Ill 31

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	109	109	97	109	83	26	109	109
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	109	109	97	109	83	26	109	109

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2796	7.0%	20840	52.4%	3119	0	5895	0	32650	82.1%	82.1%
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	2796	7.0%	20840	52.4%	3119	0	5895	0	32650	82.1%	82.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	7	13	0	0	0	0	0	0	7	13	20
85+	8	36	0	0	0	0	0	0	8	36	44
TOTALS	24	59	0	0	0	0	0	0	24	59	83

STEARNS NURSING & REHAB CENTER, LLC
3900 STEARNS AVENUE
GRANITE CITY, IL. 62040

Classification Numbers

License Number	6010441	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	56	8	0	17	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	56	8	0	17	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	143
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.60
LPN's	17.26
Certified Aides	35.64
Other Health Staff	10.93
Non-Health Staff	17.50
Totals	85.93

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
23.4%	51.6%	9.6%	0.0%	15.4%	100.0%		
1,272,106	2,804,855	519,883	0	836,992	5,433,836	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

STEPHENSON NURSING CENTER
2946 SOUTH WALNUT ROAD
FREEPORT, IL. 61032

Reference Numbers Facility ID 6009161
Health Service Area 001 Planning Service Area 177

Administrator
William Hadley

Contact Person and Telephone
Robyn Schoonhoven
815-235-6173

Date Completed
4/4/2014

Registered Agent Information

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	19
Alzheimer Disease	42
Mental Illness	4
Developmental Disability	0
Circulatory System	24
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	133

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 4

Building		Reported Age
Building 1	Stephenson Nursing Center	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	129
Total Admissions 2013	202
Total Discharges 2013	198
Residents on 12/31/2013	133

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	150	138	150	133	17	148	148
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	138	150	133	17	148	148

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2602	4.8%	30356	56.2%	2477	0	10645	0	46080	84.2%	84.2%
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	2602	4.8%	30356	56.2%	2477	0	10645	0	46080	84.2%	84.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	18	26	0	0	0	0	0	0	18	26	44
85+	23	44	0	0	0	0	0	0	23	44	67
TOTALS	53	80	0	0	0	0	0	0	53	80	133

STEPHENSON NURSING CENTER
2946 SOUTH WALNUT ROAD
FREEPORT, IL. 61032

Classification Numbers

License Number	6009161	
Health Service Area	001	
Planning Service Area	177	Stephenson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	78	10	0	37	0	133
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	78	10	0	37	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	126	0	0	0	126
Race Unknown	0	0	0	0	0
Total	133	0	0	0	133

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	133	0	0	0	133
Ethnicity Unknown	0	0	0	0	0
Total	133	0	0	0	133

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	13.00
Certified Aides	53.00
Other Health Staff	0.00
Non-Health Staff	34.00
Totals	117.00

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
14.0%	41.2%	21.7%	0.0%	23.0%	100.0%		
869,032	2,553,737	1,348,174	0	1,428,486	6,199,429	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	12/12/2012	Discontinued 12 Nursing Care beds; facility now has 150 Nursing Care beds.

STERLING PAVILION
105 EAST 23RD STREET
STERLING, IL. 61081

Reference Numbers Facility ID 6009179
Health Service Area 001 Planning Service Area 195

Administrator
Rhonda Reed

Contact Person and Telephone
RHONDA REED
815-626-4264

Date Completed
4/1/2014

Registered Agent Information
Abrqaham Stern
191 North Wacker Drive Suite 1800
Chicago, IL 60606

Building	Reported Age
Building 1 Main	40
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	75
Total Admissions 2013	146
Total Discharges 2013	139
Residents on 12/31/2013	82

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	34
Mental Illness	0
Developmental Disability	2
Circulatory System	12
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	82

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	121	99	90	99	82	39	121	121
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	121	99	90	99	82	39	121	121

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5123	11.6%	13897	31.5%	0	1818	7763	0	28601	64.8%	79.2%
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	5123	11.6%	13897	31.5%	0	1818	7763	0	28601	64.8%	79.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	1	0	0	0	0	0	0	5	1	6
75 to 84	10	19	0	0	0	0	0	0	10	19	29
85+	7	35	0	0	0	0	0	0	7	35	42
TOTALS	25	57	0	0	0	0	0	0	25	57	82

STERLING PAVILION
105 EAST 23RD STREET
STERLING, IL. 61081

Classification Numbers

License Number	6009179	
Health Service Area	001	
Planning Service Area	195	Whiteside

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	49	0	0	15	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	49	0	0	15	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	37.00
Totals	84.00

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
41.4%	35.5%	0.0%	4.4%	18.7%	100.0%		
2,280,022	1,957,865	0	244,480	1,028,763	5,511,130	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

STERN SQUARE
1328 WEST 7TH STREET
STERLING, IL. 61081

Reference Numbers Facility ID 6010177
Health Service Area 001 Planning Service Area 195

Administrator
Justin Connelly

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Stern Square	26
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	1
Total Discharges 2013	2
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5215	89.3%	0	0	0	0	5215	89.3%	89.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5215	89.3%	0	0	0	0	5215	89.3%	89.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	3	0	0	3	3	6
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	2	1	0	0	2	1	3
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	7	7	0	0	7	7	14

STERN SQUARE
1328 WEST 7TH STREET
STERLING, IL. 61081

Classification Numbers

License Number	6010177	
Health Service Area	001	
Planning Service Area	195	Whiteside

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	125
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	712,643	0	0	0	712,643	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

STEVENS HOUSE
2182 WINDISH DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6008478
Health Service Area 002 Planning Service Area 095

Administrator
Tiffany Lair

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Building	Reported Age
Building 1 Stevens House	27
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4368	74.8%	0	0	0	0	4368	74.8%	74.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4368	74.8%	0	0	0	0	4368	74.8%	74.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	3	0	0	3	3	6
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	2	0	0	0	2	0	2
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	8	8	0	0	8	8	16

STEVENS HOUSE
2182 WINDISH DRIVE
GALESBURG, IL. 61401

Classification Numbers

License Number	6008478	
Health Service Area	002	
Planning Service Area	095	Knox

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	118
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	81.9%	1.3%	0.0%	16.8%	100.0%		
0	565,592	8,846	0	116,018	690,456	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

STOCKTON HEALTHCARE & REHAB
501 EAST FRONT STREET
STOCKTON, IL. 61085

Reference Numbers Facility ID 6006365
Health Service Area 001 Planning Service Area 085

Administrator
Dolores Ddowns

Contact Person and Telephone
Dolores Downs
815-947-2215

Date Completed
4/4/2014

Registered Agent Information
Steven Sher

Building	Reported Age
Building 1	55
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	30
Total Admissions 2013	41
Total Discharges 2013	39
Residents on 12/31/2013	32

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	0
Circulatory System	8
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	32

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	49	37	49	32	17	0	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	49	49	37	49	32	17	0	49

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1612	0.0%	4192	23.4%	0	0	5129	0	10933	61.1%	61.1%
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	1612	0.0%	4192	23.4%	0	0	5129	0	10933	61.1%	61.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	3	15	0	0	0	0	0	0	3	15	18
TOTALS	9	23	0	0	0	0	0	0	9	23	32

STOCKTON HEALTHCARE & REHAB
501 EAST FRONT STREET
STOCKTON, IL. 61085

Classification Numbers

License Number	6006365	
Health Service Area	001	
Planning Service Area	085	Jo Daviess

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	9	0	0	13	0	32
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	9	0	0	13	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	0	0	0	0	0
Total	32	0	0	0	32

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	32	0	0	0	32
Ethnicity Unknown	0	0	0	0	0
Total	32	0	0	0	32

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	1.00
Certified Aides	2.00
Other Health Staff	5.00
Non-Health Staff	8.00
Totals	22.00

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
20.4%	31.8%	0.0%	0.0%	47.8%	100.0%		
322,090	501,782	0	0	754,833	1,578,705	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

STONEBRIDGE SENIOR LIVING CENTER
902 SOUTH MCLEANSBORO
BENTON, IL. 62812

Reference Numbers Facility ID 6008494
Health Service Area 005 Planning Service Area 055

Administrator
reba williams

Contact Person and Telephone
Reba Williams
618-439-4501

Date Completed
4/21/2014

Registered Agent Information
Dr. Roger Herrin
607 South Commercial
Harrisburg, IL 62946

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	55
Total Admissions 2013	55
Total Discharges 2013	57
Residents on 12/31/2013	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	36
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	75	66	70	53	27	15	80
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	75	66	70	53	27	15	80

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2463	45.0%	10440	35.8%	0	0	8035	0	20938	71.7%	76.5%
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	2463	45.0%	10440	35.8%	0	0	8035	0	20938	71.7%	76.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	3	27	0	0	0	0	0	0	3	27	30
TOTALS	9	44	0	0	0	0	0	0	9	44	53

STONEBRIDGE SENIOR LIVING CENTER
902 SOUTH MCLEANSBORO
BENTON, IL. 62812

Classification Numbers

License Number	6008494	
Health Service Area	005	
Planning Service Area	055	Franklin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	29	0	0	20	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	29	0	0	20	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	65.00

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
25.3%	43.3%	0.0%	0.0%	31.3%	100.0%		
831,517	1,422,482	0	0	1,028,811	3,282,810	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/18/2012	Change of Ownership occurred.

STOUFFER TERRACE
910 SOUTH FIFTH STREET
OREGON, IL. 61061

Reference Numbers Facility ID 6010870
Health Service Area 001 Planning Service Area 141

Administrator
Justin Connelly

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S, Farnham St.
Galesburg, IL 61401

Building		Reported Age
Building 1	Stouffer Terrace	25
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5201	89.1%	0	0	0	0	5201	89.1%	89.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5201	89.1%	0	0	0	0	5201	89.1%	89.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	1	0	0	2	1	3
45 to 59	0	0	0	0	5	1	0	0	5	1	6
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	8	7	0	0	8	7	15

STOUFFER TERRACE
910 SOUTH FIFTH STREET
OREGON, IL. 61061

Classification Numbers

License Number	6010870	
Health Service Area	001	
Planning Service Area	141	Ogle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	116
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	632,607	0	0	0	632,607	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

STRIVE
415 A STREET
PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID 6012892
Health Service Area 001 Planning Service Area 195

Administrator
Anne Dunbar

Contact Person and Telephone
ANNE DUNBAR
815-537-5358

Date Completed
3/17/2014

Registered Agent Information
Mr. John Guzzardo
701 East Third Street
Prophetstown, IL 61277

Building	Reported Age
Building 1 STRIVE	23
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5742	98.3%	0	0	0	0	5742	98.3%	98.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5742	98.3%	0	0	0	0	5742	98.3%	98.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	6	0	0	5	6	11
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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	6	10	0	0	6	10	16

STRIVE
415 A STREET
PROPHETSTOWN, IL. 61277

Classification Numbers

License Number	6012892	
Health Service Area	001	
Planning Service Area	195	Whiteside

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	186
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.25
Certified Aides	15.00
Other Health Staff	3.00
Non-Health Staff	7.00
Totals	26.25

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	1,102,265	0	0	0	1,102,265	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

STUART ESTATES
13 NORTHBROOK DRIVE
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6012272
Health Service Area 005 Planning Service Area 059

Administrator
Robin Cimera

Contact Person and Telephone
Tonya Lindsay
618-244-7701

Date Completed
3/25/2014

Registered Agent Information
Tonya Lindsey
P.O. Box 705

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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	13

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 16 bed ICF/DD	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	13
Total Admissions 2013	5
Total Discharges 2013	5
Residents on 12/31/2013	13

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	13	3		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	13	3	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5050	#Div/0!	0	0	0	0	5050	86.5%	86.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5050	0.0%	0	0	0	0	5050	86.5%	86.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	4	0	0	0	4	4
45 to 59	0	0	0	0	1	4	0	0	1	4	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	3	0	0	0	3	0	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	0	0	0	0	5	8	0	0	5	8	13

STUART ESTATES
13 NORTHBROOK DRIVE
MCLEANSBORO, IL. 62859

Classification Numbers

License Number	6012272	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	127	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	12.00
Other Health Staff	3.00
Non-Health Staff	0.00
Totals	15.50

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%	85.6%	0.0%	0.0%	14.4%	100.0%		
0	525,379	0	0	88,699	614,078	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SULLIVAN HOUSE
600 EAST GROVER
OTTAWA, IL. 61350

Reference Numbers Facility ID 6009229
Health Service Area 002 Planning Service Area 099

Administrator
Dawn Kolotka

Contact Person and Telephone
DAWN KOLOTKA
815-433-5858

Date Completed
3/28/2014

Registered Agent Information
R. S. Gomes
309 Court St
Streator, IL 61364

Building	Reported Age
Building 1 Sullivan House	28
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5803	99.4%	0	0	0	0	5803	99.4%	99.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5803	99.4%	0	0	0	0	5803	99.4%	99.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	5	0	0	6	5	11
45 to 59	0	0	0	0	3	1	0	0	3	1	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	9	6	0	0	9	6	15

SULLIVAN HOUSE
600 EAST GROVER
OTTAWA, IL. 61350

Classification Numbers

License Number	6009229	
Health Service Area	002	
Planning Service Area	099	LaSalle

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	130
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	4.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	6.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	522,200	0	0	0	522,200	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SULLIVAN REHAB & HEALTH CARE CTR
11 HAWTHORNE LANE
SULLIVAN, IL. 61951

Reference Numbers Facility ID 6009211
Health Service Area 004 Planning Service Area 139

Administrator
Charles Pullen

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/2/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Sullivan RHCC/Nursing Home	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	54
Total Admissions 2013	88
Total Discharges 2013	81
Residents on 12/31/2013	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	25
Developmental Disability	1
Circulatory System	12
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	1
TOTALS	61

Total Residents Diagnosed as Mentally Ill 37

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	123	95	64	95	61	62	123	123
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	123	95	64	95	61	62	123	123

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2187	4.9%	13722	30.6%	170	208	3657	0	19944	44.4%	57.5%
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	2187	4.9%	13722	30.6%	170	208	3657	0	19944	44.4%	57.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	7	9	0	0	0	0	0	0	7	9	16
75 to 84	3	10	0	0	0	0	0	0	3	10	13
85+	2	15	0	0	0	0	0	0	2	15	17
TOTALS	21	40	0	0	0	0	0	0	21	40	61

SULLIVAN REHAB & HEALTH CARE CTR
11 HAWTHORNE LANE
SULLIVAN, IL. 61951

Classification Numbers

License Number	6009211	
Health Service Area	004	
Planning Service Area	139	Moultrie

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	39	0	0	12	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	39	0	0	12	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	21.00
Other Health Staff	1.00
Non-Health Staff	17.00
Totals	52.00

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
28.6%	51.2%	0.2%	2.7%	17.3%	100.0%		
843,165	1,511,148	5,377	80,933	510,450	2,951,073	47,216	1.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SUNNY ACRES NURSING HOME
19130 SUNNY ACRES ROAD
PETERSBURG, IL. 62675

Reference Numbers Facility ID 6009245
Health Service Area 003 Planning Service Area 129

Administrator
Pat McNeal

Contact Person and Telephone
PAT MCNEAL
217-632-2334 ext 203

Date Completed
3/31/2014

Registered Agent Information
Gene Treseler, County Clerk
P.O.Box 465
Petersburg, IL 62675

Building	Reported Age
Building 1 Sunny Acres	48
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	85
Total Admissions 2013	115
Total Discharges 2013	120
Residents on 12/31/2013	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	15
Mental Illness	16
Developmental Disability	0
Circulatory System	15
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 16

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	95	91	95	80	26	0	106
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	106	95	91	95	80	26	0	106

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4133	0.0%	14249	36.8%	0	104	12587	0	31073	80.3%	89.6%
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	4133	0.0%	14249	36.8%	0	104	12587	0	31073	80.3%	89.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	6	15	0	0	0	0	0	0	6	15	21
85+	16	35	0	0	0	0	0	0	16	35	51
TOTALS	24	56	0	0	0	0	0	0	24	56	80

SUNNY ACRES NURSING HOME
19130 SUNNY ACRES ROAD
PETERSBURG, IL. 62675

Classification Numbers

License Number	6009245	
Health Service Area	003	
Planning Service Area	129	Menard

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	34	0	0	41	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	34	0	0	41	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	80	0	0	0	80
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	13.00
Certified Aides	40.00
Other Health Staff	23.00
Non-Health Staff	19.00
Totals	102.00

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
38.8%	28.2%	0.0%	0.5%	32.5%	100.0%		
2,384,436	1,733,308	0	28,558	1,996,580	6,142,882	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SUNNY HILL NURSING HOME WILL COUNTY
421 DORIS AVENUE
JOLIET, IL. 60433

Reference Numbers Facility ID 6009252
Health Service Area 009 Planning Service Area 197

Administrator
KAREN SORBERO

Contact Person and Telephone
KAREN SORBERO
815-727-8650

Date Completed
4/2/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	195
Total Admissions 2013	92
Total Discharges 2013	97
Residents on 12/31/2013	190

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	12
Alzheimer Disease	11
Mental Illness	18
Developmental Disability	0
Circulatory System	78
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	21
Injuries and Poisonings	4
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	190

Total Residents Diagnosed as Mentally Ill 80

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	280	222	211	222	190	90	280	280
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	280	222	211	222	190	90	280	280

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5340	5.2%	51452	50.3%	0	0	14262	0	71054	69.5%	87.7%
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	5340	5.2%	51452	50.3%	0	0	14262	0	71054	69.5%	87.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	6	12	0	0	0	0	0	0	6	12	18
75 to 84	8	33	0	0	0	0	0	0	8	33	41
85+	15	107	0	0	0	0	0	0	15	107	122
TOTALS	31	159	0	0	0	0	0	0	31	159	190

SUNNY HILL NURSING HOME WILL COUNTY
421 DORIS AVENUE
JOLIET, IL. 60433

Classification Numbers

License Number	6009252	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	140	0	0	38	0	190
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	140	0	0	38	0	190

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	184
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	22	0	0	0	22
Hawaiian/Pacific Isl.	0	0	0	0	0
White	166	0	0	0	166
Race Unknown	0	0	0	0	0
Total	190	0	0	0	190

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	182	0	0	0	182
Ethnicity Unknown	0	0	0	0	0
Total	190	0	0	0	190

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	75.00
LPN's	26.00
Certified Aides	88.00
Other Health Staff	4.00
Non-Health Staff	72.00
Totals	268.00

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SUNRISE SKILLED NURSING & REHAB
333 SOUTH WRIGHTSMAN STREET
VIRDEN, IL. 62690

Reference Numbers Facility ID 6009294
Health Service Area 003 Planning Service Area 117

Administrator
Patricia Barnes

Contact Person and Telephone
ANGIE BARNES
217-965-4715

Date Completed
4/2/2014

Registered Agent Information
CT
208 S. LASALLE ST.
Chicago, IL 60604

Life Care Facility

Building	Reported Age
Building 1	44
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	62
Total Admissions 2013	97
Total Discharges 2013	95
Residents on 12/31/2013	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	6
Mental Illness	12
Developmental Disability	0
Circulatory System	14
Respiratory System	2
Digestive System	6
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	8
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 42

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	78	69	78	64	35	39	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	78	69	78	64	35	39	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2395	16.8%	12880	35.6%	0	126	7799	0	23200	64.2%	81.5%
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	2395	16.8%	12880	35.6%	0	126	7799	0	23200	64.2%	81.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	6	13	0	0	0	0	0	0	6	13	19
85+	9	30	0	0	0	0	0	0	9	30	39
TOTALS	17	47	0	0	0	0	0	0	17	47	64

SUNRISE SKILLED NURSING & REHAB
333 SOUTH WRIGHTSMAN STREET
VIRDEN, IL. 62690

Classification Numbers

License Number	6009294	
Health Service Area	003	
Planning Service Area	117	Macoupin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	34	0	0	21	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	34	0	0	21	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	9.00
Certified Aides	24.00
Other Health Staff	2.00
Non-Health Staff	18.00
Totals	59.00

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
34.7%	34.0%	0.0%	1.0%	30.2%	100.0%		
1,340,362	1,313,365	0	37,180	1,166,808	3,857,715	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SUNSET HOME
418 WASHINGTON STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6009302
Health Service Area 003 Planning Service Area 001

Administrator
Jerry Neal

Contact Person and Telephone
PAMELA S. FESSLER
217-223-2636 X 320

Date Completed
3/26/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	32
Mental Illness	17
Developmental Disability	0
Circulatory System	27
Respiratory System	16
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	17
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	133

Total Residents Diagnosed as Mentally Ill 17

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	156
Total Admissions 2013	187
Total Discharges 2013	210
Residents on 12/31/2013	133

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	182	182	155	182	133	49	182	182
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	182	182	155	182	133	49	182	182

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5189	7.8%	27416	41.3%	0	2190	17670	0	52465	79.0%	79.0%
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	5189	7.8%	27416	41.3%	0	2190	17670	0	52465	79.0%	79.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	9	4	0	0	0	0	0	0	9	4	13
75 to 84	6	29	0	0	0	0	0	0	6	29	35
85+	17	67	0	0	0	0	0	0	17	67	84
TOTALS	32	101	0	0	0	0	0	0	32	101	133

SUNSET HOME
418 WASHINGTON STREET
QUINCY, IL. 62301

Classification Numbers

License Number	6009302	
Health Service Area	003	
Planning Service Area	001	Adams

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	72	0	6	45	0	133
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	72	0	6	45	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	192	178
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	130	0	0	0	130
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	133	0	0	0	133

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	133	0	0	0	133
Ethnicity Unknown	0	0	0	0	0
Total	133	0	0	0	133

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	30.00
Certified Aides	63.00
Other Health Staff	0.00
Non-Health Staff	54.00
Totals	166.00

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
19.0%	33.9%	0.0%	3.4%	43.7%	100.0%		
1,831,185	3,264,113	0	331,261	4,207,937	9,634,496	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SUNSET REHABILITATION & HEALTH CARE
129 SOUTH 1ST AVENUE
CANTON, IL. 61520

Reference Numbers Facility ID 6009328
Health Service Area 002 Planning Service Area 057

Administrator
Michelle Hansmeyer

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/4/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Sunset RHCC/Nursing Home	108
Building 2	Sunset RHCC/Nursing Home	15
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	79
Total Admissions 2013	73
Total Discharges 2013	73
Residents on 12/31/2013	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	8
Mental Illness	46
Developmental Disability	4
Circulatory System	7
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 46

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	115	85	115	79	36	25	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	115	115	85	115	79	36	25	115

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1918	21.0%	21977	52.4%	1956	393	3765	0	30009	71.5%	71.5%
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	1918	21.0%	21977	52.4%	1956	393	3765	0	30009	71.5%	71.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	4	1	0	0	0	0	0	0	4	1	5
60 to 64	0	7	0	0	0	0	0	0	0	7	7
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	7	19	0	0	0	0	0	0	7	19	26
85+	5	26	0	0	0	0	0	0	5	26	31
TOTALS	21	58	0	0	0	0	0	0	21	58	79

SUNSET REHABILITATION & HEALTH CARE
129 SOUTH 1ST AVENUE
CANTON, IL. 61520

Classification Numbers

License Number	6009328	
Health Service Area	002	
Planning Service Area	057	Fulton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	66	0	2	10	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	66	0	2	10	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	127
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	13.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	74.00

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
22.0%	59.7%	0.0%	3.2%	15.1%	100.0%		
864,635	2,339,484	0	126,645	591,191	3,921,955	4,877	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SUTTON HOUSE
4241 LINCOLNSHIRE
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6011860
Health Service Area 005 Planning Service Area 081

Administrator
Brian Taylor

Contact Person and Telephone
Tonya Lindsay
618-244-7701

Date Completed
3/25/2014

Registered Agent Information
Tonya Lindsey
P.O. Box 705

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 16 Bed ICF/DD	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	3
Total Discharges 2013	3
Residents on 12/31/2013	16

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5641	96.6%	0	0	0	0	5641	96.6%	96.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5641	96.6%	0	0	0	0	5641	96.6%	96.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	4	0	0	3	4	7
45 to 59	0	0	0	0	1	3	0	0	1	3	4
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	2	0	0	1	2	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	0	0	0	0	6	10	0	0	6	10	16

SUTTON HOUSE
4241 LINCOLNSHIRE
MOUNT VERNON, IL. 62864

Classification Numbers

License Number	6011860	
Health Service Area	005	
Planning Service Area	081	Jefferson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	109	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	7.50
Other Health Staff	3.00
Non-Health Staff	0.00
Totals	11.00

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
0.0%	79.9%	0.0%	0.0%	20.1%	100.0%		
0	484,790	0	0	121,577	606,367	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SWANN SPECIAL CARE CENTER
109 KENWOOD ROAD
CHAMPAIGN, IL. 61821

Reference Numbers Facility ID 6001622
Health Service Area 004 Planning Service Area 019

Administrator
Kym Halberstadt

Contact Person and Telephone
KYM HALBERSTADT
217-356-5164

Date Completed
3/5/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	119
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	119

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Swann	40
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	120
Total Admissions 2013	6
Total Discharges 2013	7
Residents on 12/31/2013	119

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	123	123	121	123	119	4		123
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	123	123	121	123	119	4	0	123

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			43374	96.6%	0	0	522	405	44301	98.7%	98.7%
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	0	0.0%	43374	96.6%	0	0	522	405	44301	98.7%	98.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	8	7	0	0	0	0	8	7	15
18 to 44	0	0	40	28	0	0	0	0	40	28	68
45 to 59	0	0	9	13	0	0	0	0	9	13	22
60 to 64	0	0	3	1	0	0	0	0	3	1	4
65 to 74	0	0	6	3	0	0	0	0	6	3	9
75 to 84	0	0	1	0	0	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	67	52	0	0	0	0	67	52	119

SWANN SPECIAL CARE CENTER
109 KENWOOD ROAD
CHAMPAIGN, IL. 61821

Classification Numbers

License Number	6001622	
Health Service Area	004	
Planning Service Area	019	Champaign

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	118	0	0	1	0	119
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	118	0	0	1	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	250
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	4	0	0	4
American Indian	0	0	0	0	0
Black	0	23	0	0	23
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	92	0	0	92
Race Unknown	0	0	0	0	0
Total	0	119	0	0	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	5	0	0	5
Non-Hispanic	0	114	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	0	119	0	0	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.50
LPN's	5.50
Certified Aides	80.50
Other Health Staff	0.00
Non-Health Staff	56.50
Totals	161.00

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
0.0%	95.4%	0.0%	0.0%	4.6%	100.0%		
0	7,289,972	0	0	353,512	7,643,484	67,896	0.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SWANSEA REHAB & HEALTH CARE CENTER
1405 NORTH 2ND STREET
SWANSEA, IL. 62226

Reference Numbers Facility ID 6009831
Health Service Area 011 Planning Service Area 163

Administrator
Jifi Jacob

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/2/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Swansea RHCC/Nursing Home	106
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	66
Total Admissions 2013	101
Total Discharges 2013	93
Residents on 12/31/2013	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	21
Alzheimer Disease	0
Mental Illness	26
Developmental Disability	0
Circulatory System	8
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	12
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 26

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	94	84	74	84	74	20	94	94
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	94	84	74	84	74	20	94	94

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1905	5.6%	18347	53.5%	2782	323	1892	0	25249	73.6%	82.4%
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	1905	5.6%	18347	53.5%	2782	323	1892	0	25249	73.6%	82.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	2	6	0	0	0	0	0	0	2	6	8
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	9	10	0	0	0	0	0	0	9	10	19
75 to 84	8	10	0	0	0	0	0	0	8	10	18
85+	5	15	0	0	0	0	0	0	5	15	20
TOTALS	27	47	0	0	0	0	0	0	27	47	74

SWANSEA REHAB & HEALTH CARE CENTER
1405 NORTH 2ND STREET
SWANSEA, IL. 62226

Classification Numbers

License Number	6009831	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	58	0	1	8	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	58	0	1	8	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	27	0	0	0	27
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	1	0	0	0	1
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	25.00
Other Health Staff	2.00
Non-Health Staff	15.00
Totals	55.00

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
29.2%	62.9%	0.0%	0.9%	6.9%	100.0%		
1,072,317	2,307,413	0	34,244	252,205	3,666,179	1,940	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SWEDISH COVENANT HOSPITAL
5145 NORTH CALIFORNIA AVE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6010649
Health Service Area 006 Planning Service Area 601

Administrator
MARY SHEHAN

Contact Person and Telephone
MARYBELLE CALDERON,RN
773-989-3813

Date Completed
3/28/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	5
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	21

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	ANDERSON PAVILION	37
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	13
Total Admissions 2013	578
Total Discharges 2013	570
Residents on 12/31/2013	21

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	37	24	24	24	21	16	37	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	37	24	24	24	21	16	37	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5277	39.1%	0	0.0%	0	1285	0	92	6654	49.3%	76.0%
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	5277	39.1%	0	0.0%	0	1285	0	92	6654	49.3%	76.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	8	13	0	0	0	0	0	0	8	13	21

SWEDISH COVENANT HOSPITAL
5145 NORTH CALIFORNIA AVE
CHICAGO, IL. 60625

Classification Numbers

License Number	6010649	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	0	0	1	0	0	21
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	0	0	1	0	0	21

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	1065	1065
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	19	0	0	0	19
Race Unknown	0	0	0	0	0
Total	21	0	0	0	21

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	17	0	0	0	17
Ethnicity Unknown	0	0	0	0	0
Total	21	0	0	0	21

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	7.20
LPN's	3.10
Certified Aides	7.30
Other Health Staff	1.80
Non-Health Staff	0.00
Totals	22.40

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
81.8%	0.0%	0.0%	18.2%	0.0%	100.0%		
2,266,783	0	0	504,437	0	2,771,220	9,413	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

SYCAMORE HEALTHCARE CENTER
720 SYCAMORE STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6007678
Health Service Area 003 Planning Service Area 001

Administrator
Jonni Bullington

Contact Person and Telephone
DENISE BLACKLEDGE
217-222-1480

Date Completed
4/4/2014

Registered Agent Information
Thomas B. Hein
1S443 Summit Avenue Suite 204 A&B
Oakbrook Terrace, IL 60181

Building	Reported Age
Building 1 Sycamore Healthcare	40
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	80
Total Admissions 2013	73
Total Discharges 2013	67
Residents on 12/31/2013	86

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	17
Alzheimer Disease	5
Mental Illness	14
Developmental Disability	0
Circulatory System	14
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	6
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	86

Total Residents Diagnosed as Mentally Ill 14

Total Residents Reported as Identified Offenders 8

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	205	205	88	205	86	119	0	205
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	205	205	88	205	86	119	0	205

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	781	0.0%	27905	37.3%	0	3	2189	0	30878	41.3%	41.3%
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	781	0.0%	27905	37.3%	0	3	2189	0	30878	41.3%	41.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	8	4	0	0	0	0	0	0	8	4	12
60 to 64	5	10	0	0	0	0	0	0	5	10	15
65 to 74	10	11	0	0	0	0	0	0	10	11	21
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	2	11	0	0	0	0	0	0	2	11	13
TOTALS	34	52	0	0	0	0	0	0	34	52	86

SYCAMORE HEALTHCARE CENTER
720 SYCAMORE STREET
QUINCY, IL. 62301

Classification Numbers

License Number	6007678	
Health Service Area	003	
Planning Service Area	001	Adams

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	73	0	0	7	0	86
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	73	0	0	7	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	12.00
Certified Aides	30.00
Other Health Staff	0.00
Non-Health Staff	44.00
Totals	93.00

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
9.4%	80.9%	0.0%	0.0%	9.7%	100.0%		
330,282	2,850,334	0	465	340,390	3,521,471	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	6/27/2012	Formerly 'Sycamore'.
CHOW	6/27/2012	Change of ownership occurred.

SYMPHONY ASPEN LLC dbSYMPHONY OF DECA
2530 NORTH MONROE STREET
DECATUR, IL. 62526

Reference Numbers Facility ID 6006282
Health Service Area 004 Planning Service Area 115

Administrator
Lisa A. Trudeau

Contact Person and Telephone
JULIE WARDEN
217-875-0920

Date Completed
3/31/2014

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	23
Blood Disorders	3
*Nervous System Non Alzheimer	14
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	0
Circulatory System	59
Respiratory System	9
Digestive System	6
Genitourinary System Disorders	8
Skin Disorders	6
Musculo-skeletal Disorders	5
Injuries and Poisonings	6
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	169

Total Residents Diagnosed as Mentally Ill 72

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Symphony of Decatur/Post Acut	41
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	168
Total Admissions 2013	287
Total Discharges 2013	286
Residents on 12/31/2013	169

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	195	189	181	189	169	26	195	195
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	195	189	181	189	169	26	195	195

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8179	11.5%	48634	68.3%	0	424	5303	0	62540	87.9%	90.7%
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	8179	11.5%	48634	68.3%	0	424	5303	0	62540	87.9%	90.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	12	0	0	0	0	0	0	5	12	17
60 to 64	8	6	0	0	0	0	0	0	8	6	14
65 to 74	17	12	0	0	0	0	0	0	17	12	29
75 to 84	15	32	0	0	0	0	0	0	15	32	47
85+	12	50	0	0	0	0	0	0	12	50	62
TOTALS	57	112	0	0	0	0	0	0	57	112	169

SYMPHONY ASPEN LLC dbSYMPHONY OF DECA
2530 NORTH MONROE STREET
DECATUR, IL. 62526

Classification Numbers

License Number	6006282	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	132	0	1	14	0	169
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	132	0	1	14	0	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	146
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	35	0	0	0	35
Hawaiian/Pacific Isl.	0	0	0	0	0
White	134	0	0	0	134
Race Unknown	0	0	0	0	0
Total	169	0	0	0	169

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	169	0	0	0	169
Ethnicity Unknown	0	0	0	0	0
Total	169	0	0	0	169

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	27.00
Certified Aides	115.00
Other Health Staff	8.00
Non-Health Staff	84.00
Totals	249.00

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
33.3%	59.2%	0.0%	1.4%	6.1%	100.0%		
3,977,159	7,062,645	0	168,702	722,151	11,930,657	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/10/2012	Change of Ownership occurred.
Name Change	8/2/2012	Formerly Aspen Ridge Care Center.

SYMPHONY OF CRESTWOOD
14255 SOUTH CICERO AVENUE
CRESTWOOD, IL. 60445

Reference Numbers Facility ID 6002265
Health Service Area 007 Planning Service Area 705

Administrator
RICK WALWORTH

Contact Person and Telephone
ELAINE WALKER
708-371-0400

Date Completed
4/3/2014

Registered Agent Information
ILLINOIS CORPORATION SERVICE CO
801 ADLAI STEVENSON DR
Springfield, IL 62703

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	60
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	13
Skin Disorders	3
Musculo-skeletal Disorders	8
Injuries and Poisonings	3
Other Medical Conditions	103
Non-Medical Conditions	0
TOTALS	232

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	SYMPHONY OF CRESTWOOD	40
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	215
Total Admissions 2013	897
Total Discharges 2013	880
Residents on 12/31/2013	232

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	303	297	249	297	232	71	303	303
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	303	297	249	297	232	71	303	303

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11661	10.5%	53816	48.7%	272	3588	13175	0	82512	74.6%	76.1%
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	11661	10.5%	53816	48.7%	272	3588	13175	0	82512	74.6%	76.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	15	17	0	0	0	0	0	0	15	17	32
60 to 64	6	11	0	0	0	0	0	0	6	11	17
65 to 74	26	23	0	0	0	0	0	0	26	23	49
75 to 84	24	48	0	0	0	0	0	0	24	48	72
85+	12	49	0	0	0	0	0	0	12	49	61
TOTALS	84	148	0	0	0	0	0	0	84	148	232

SYMPHONY OF CRESTWOOD
14255 SOUTH CICERO AVENUE
CRESTWOOD, IL. 60445

Classification Numbers

License Number	6002265	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	125	0	6	60	0	232
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	41	125	0	6	60	0	232

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	174
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	138	0	0	0	138
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	5	0	0	0	5
Total	232	0	0	0	232

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	227	0	0	0	227
Ethnicity Unknown	0	0	0	0	0
Total	232	0	0	0	232

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	38.00
Certified Aides	90.00
Other Health Staff	4.00
Non-Health Staff	80.00
Totals	233.00

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
34.6%	50.7%	0.0%	9.6%	5.1%	100.0%		
6,799,082	9,968,908	0	1,895,959	992,868	19,656,817	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/13/2012	Change of Ownership occurred.
Name Change	8/2/2012	Formerly Crestwood Care Centre.

SYMPHONY OF JOLIET
306 NORTH LARKIN AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID 6002463
Health Service Area 009 Planning Service Area 197

Administrator
TAMMY STONEBERGER

Contact Person and Telephone
TAMMY STONEBERGER
815-744-5560

Date Completed
4/3/2014

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Dr.
Springfield, IL 62703

Continuing Care Retirement Community

Building		Reported Age
Building 1	Symphony of Joliet	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	167
Total Admissions 2013	193
Total Discharges 2013	197
Residents on 12/31/2013	163

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	0
Circulatory System	39
Respiratory System	15
Digestive System	2
Genitourinary System Disorders	14
Skin Disorders	4
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	35
Non-Medical Conditions	0
TOTALS	163

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	214	214	177	214	163	51	214	214
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	214	214	177	214	163	51	214	214

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9136	11.7%	45513	58.3%	1623	1085	4175	0	61532	78.8%	78.8%
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	9136	11.7%	45513	58.3%	1623	1085	4175	0	61532	78.8%	78.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	8	8	0	0	0	0	0	0	8	8	16
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	17	23	0	0	0	0	0	0	17	23	40
75 to 84	12	39	0	0	0	0	0	0	12	39	51
85+	11	36	0	0	0	0	0	0	11	36	47
TOTALS	54	109	0	0	0	0	0	0	54	109	163

SYMPHONY OF JOLIET
306 NORTH LARKIN AVENUE
JOLIET, IL. 60435

Classification Numbers

License Number	6002463	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	134	0	2	11	0	163
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	134	0	2	11	0	163

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pacific Isl.	1	0	0	0	1
White	136	0	0	0	136
Race Unknown	0	0	0	0	0
Total	163	0	0	0	163

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	157	0	0	0	157
Ethnicity Unknown	0	0	0	0	0
Total	163	0	0	0	163

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	13.00
Certified Aides	65.00
Other Health Staff	10.00
Non-Health Staff	45.00
Totals	165.00

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
39.4%	52.6%	0.0%	3.1%	4.9%	100.0%		
5,546,920	7,396,297	0	429,647	689,728	14,062,592	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/10/2012	Change of Ownership occurred.
Name Change	8/2/2012	Formerly Deerbrook Care Centre.

SYMPHONY OF LINCOLN
2202 NORTH KICKAPOO STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6005490
Health Service Area 003 Planning Service Area 107

Administrator
Tracey Penny

Contact Person and Telephone
Stephanie Williams
217-735-1538

Date Completed
4/4/2013

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	1
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	76
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 24

Total Residents Reported as Identified Offenders 1

Building		Reported Age
Building 1	Symphony of Lincoln	0
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	85
Total Admissions 2013	190
Total Discharges 2013	186
Residents on 12/31/2013	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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	126	126	98	126	89	37	99	126
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	126	126	98	126	89	37	99	126

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	18896	52.3%	6755	14.7%	303	543	16009	0	42506	92.4%	92.4%
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	18896	52.3%	6755	14.7%	303	543	16009	0	42506	92.4%	92.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	2	0	0	0	0	0	0	3	2	5
45 to 59	7	15	0	0	0	0	0	0	7	15	22
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	5	10	0	0	0	0	0	0	5	10	15
75 to 84	9	7	0	0	0	0	0	0	9	7	16
85+	4	17	0	0	0	0	0	0	4	17	21
TOTALS	32	57	0	0	0	0	0	0	32	57	89

SYMPHONY OF LINCOLN
2202 NORTH KICKAPOO STREET
LINCOLN, IL. 62656

Classification Numbers

License Number	6005490	
Health Service Area	003	
Planning Service Area	107	Logan

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	45	15	3	15	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	45	15	3	15	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	178	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	89	0	0	0	89
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	15.00
Certified Aides	33.00
Other Health Staff	8.00
Non-Health Staff	25.00
Totals	88.00

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/13/2012	Change of Ownership occurred.
Name Change	8/2/2012	Formerly Maple Ridge Care Centre.

SYMPHONY OF MCKINLEY COURT CARE CENTR
500 WEST MCKINLEY AVENUE
DECATUR, IL. 62526

Reference Numbers Facility ID 6005938
Health Service Area 004 Planning Service Area 115

Administrator
Kim Jordan

Contact Person and Telephone
TIFFANY JUSTICE
217-875-0020

Date Completed
4/3/2014

Registered Agent Information

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	41
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	8
Skin Disorders	7
Musculo-skeletal Disorders	11
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	17
TOTALS	132

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Symphony McKinley Court	29
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	137
Total Admissions 2013	365
Total Discharges 2013	370
Residents on 12/31/2013	132

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	150	144	150	132	18	150	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	144	150	132	18	150	150

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8407	15.4%	29426	53.7%	0	529	9183	0	47545	86.8%	86.8%
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	8407	15.4%	29426	53.7%	0	529	9183	0	47545	86.8%	86.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	13	30	0	0	0	0	0	0	13	30	43
85+	9	69	0	0	0	0	0	0	9	69	78
TOTALS	26	106	0	0	0	0	0	0	26	106	132

SYMPHONY OF MCKINLEY COURT CARE CENTR
500 WEST MCKINLEY AVENUE
DECATUR, IL. 62526

Classification Numbers

License Number	6005938	
Health Service Area	004	
Planning Service Area	115	Macon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	76	0	1	30	0	132
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	76	0	1	30	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	119	0	0	0	119
Race Unknown	0	0	0	0	0
Total	132	0	0	0	132

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	132	0	0	0	132
Ethnicity Unknown	0	0	0	0	0
Total	132	0	0	0	132

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	21.00
Certified Aides	38.00
Other Health Staff	0.00
Non-Health Staff	36.00
Totals	103.00

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
39.8%	42.1%	0.0%	3.1%	15.1%	100.0%		
4,464,556	4,717,184	0	343,656	1,691,567	11,216,963	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/10/2012	Change of Ownership occurred.

TABOR HILLS HEALTHCARE
1347 CRYSTAL AVENUE
NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6014252
Health Service Area 007 Planning Service Area 703

Administrator
Gloria Pindiak

Contact Person and Telephone
NANCY RODRIGUEZ
630-778-6677 ext. 1256

Date Completed
3/17/2014

Registered Agent Information
Walter M. Wlodek
3830 Bellaire Avenue
Downers Grove, IL 60514

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	12
Alzheimer Disease	20
Mental Illness	37
Developmental Disability	0
Circulatory System	39
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	19
Injuries and Poisonings	4
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	163

Total Residents Diagnosed as Mentally Ill 89

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Tabor Hills Healthcare Facility In	20
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	161
Total Admissions 2013	367
Total Discharges 2013	365
Residents on 12/31/2013	163

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	211	211	173	211	163	48	52	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	211	211	173	211	163	48	52	60

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6956	36.6%	14334	65.5%	0	404	38946	29	60669	78.8%	78.8%
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	6956	36.6%	14334	65.5%	0	404	38946	29	60669	78.8%	78.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	9	33	0	0	0	0	0	0	9	33	42
85+	21	93	0	0	0	0	0	0	21	93	114
TOTALS	32	131	0	0	0	0	0	0	32	131	163

TABOR HILLS HEALTHCARE
1347 CRYSTAL AVENUE
NAPERVILLE, IL. 60563

Classification Numbers

License Number	6014252	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	33	0	1	112	0	163
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	33	0	1	112	0	163

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	158	0	0	0	158
Race Unknown	4	0	0	0	4
Total	163	0	0	0	163

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	158	0	0	0	158
Ethnicity Unknown	1	0	0	0	1
Total	163	0	0	0	163

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.00
LPN's	7.00
Certified Aides	49.00
Other Health Staff	0.00
Non-Health Staff	70.00
Totals	157.00

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
16.0%	21.6%	0.0%	0.7%	61.7%	100.0%		
2,251,439	3,035,943	0	98,132	8,691,064	14,076,578	35,259	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TAC HOUSE
421 CONSTITUTION DRIVE
AURORA, IL. 60506

Reference Numbers Facility ID 6011621
Health Service Area 008 Planning Service Area 089

Administrator
Joy Hutchinson

Contact Person and Telephone
JOY HUTCHINSON
630-859-7650

Date Completed
2/27/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	TAC House	23
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	2	0	0	3	2	5
45 to 59	0	0	0	0	3	7	0	0	3	7	10
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	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	0	0	0	0	7	9	0	0	7	9	16

TAC HOUSE
421 CONSTITUTION DRIVE
AURORA, IL. 60506

Classification Numbers

License Number	6011621	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	116	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	0.50
LPN's	0.00
Certified Aides	9.00
Other Health Staff	0.50
Non-Health Staff	0.00
Totals	11.00

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
0.0%	80.7%	0.0%	0.0%	19.3%	100.0%		
0	684,298	0	0	164,158	848,456	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TAMMERLANE INC
3601 SIXTEENTH AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID 6002695
Health Service Area 001 Planning Service Area 195

Administrator
SHELLY REESE RN. C

Contact Person and Telephone
SHELLY REESE RN,C
815-626-0233

Date Completed
3/27/2014

Registered Agent Information
Robert Hedges
1625 South 6th
Springfield, IL 62703

Building		Reported Age
Building 1	Tammerlane Health Care Centre	56
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	68
Total Admissions 2013	17
Total Discharges 2013	22
Residents on 12/31/2013	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	58
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	5
Non-Medical Conditions	0
TOTALS	63

Total Residents Diagnosed as Mentally Ill 63

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	70	70	63	70	63	7	0	70
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	70	70	63	70	63	7	0	70

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	22414	87.7%	0	0	685	0	23099	90.4%	90.4%
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	0	0.0%	22414	87.7%	0	0	685	0	23099	90.4%	90.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	7	0	0	0	0	0	0	10	7	17
45 to 59	16	9	0	0	0	0	0	0	16	9	25
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	0	2	0	0	0	0	0	0	0	2	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	37	26	0	0	0	0	0	0	37	26	63

TAMMERLANE INC
3601 SIXTEENTH AVENUE
STERLING, IL. 61081

Classification Numbers

License Number	6002695	
Health Service Area	001	
Planning Service Area	195	Whiteside

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	61	0	0	2	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	61	0	0	2	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	112	112
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.00
Certified Aides	16.00
Other Health Staff	26.00
Non-Health Staff	0.00
Totals	51.00

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
0.0%	95.1%	0.0%	0.0%	4.9%	100.0%		
0	2,062,278	0	0	105,855	2,168,133	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TANNER PLACE
321 CHESTNUT STREET
PARIS, IL. 61944

Reference Numbers Facility ID 6011985
Health Service Area 004 Planning Service Area 045

Administrator
Tara Wright

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham St,
Galesburg, IL 62650

Building	Reported Age
Building 1 Tanner Place	24
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	4	0	0	4	4	8
45 to 59	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	8	8	0	0	8	8	16

TANNER PLACE
321 CHESTNUT STREET
PARIS, IL. 61944

Classification Numbers

License Number	6011985	
Health Service Area	004	
Planning Service Area	045	Edgar

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	104
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	618,149	0	0	0	618,149	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TAYLOR HOUSE
3021 TAYLOR AVENUE
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6010219
Health Service Area 003 Planning Service Area 167

Administrator
Russell Bogdanovich

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Building	Reported Age
Building 1 Taylor House	24
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	16
Total Discharges 2013	16
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5322	91.1%	0	0	365	0	5687	97.4%	97.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5322	91.1%	0	0	365	0	5687	97.4%	97.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	0	0	0	3	0	3
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	3	2	0	0	3	2	5
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	10	6	0	0	10	6	16

TAYLOR HOUSE
3021 TAYLOR AVENUE
SPRINGFIELD, IL. 62703

Classification Numbers

License Number	6010219	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	1	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	1	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	114
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	74.1%	0.0%	0.0%	25.9%	100.0%		
0	485,050	0	0	169,233	654,283	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TAYLORVILLE CARE CENTER
600 SOUTH HOUSTON
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6009369
Health Service Area 003 Planning Service Area 021

Administrator
Rhonda Hancock

Contact Person and Telephone
RHONDA HANCOCK
217-824-9636

Date Completed
3/12/2014

Registered Agent Information

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	25
Developmental Disability	0
Circulatory System	12
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 25

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 Taylorville Care Center	39
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	75
Total Admissions 2013	91
Total Discharges 2013	86
Residents on 12/31/2013	80

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	80	98	80	18	24	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	80	98	80	18	24	98

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2672	30.5%	16286	45.5%	0	0	7804	0	26762	74.8%	74.8%
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	2672	30.5%	16286	45.5%	0	0	7804	0	26762	74.8%	74.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85+	13	38	0	0	0	0	0	0	13	38	51
TOTALS	20	60	0	0	0	0	0	0	20	60	80

TAYLORVILLE CARE CENTER
600 SOUTH HOUSTON
TAYLORVILLE, IL. 62568

Classification Numbers

License Number	6009369	
Health Service Area	003	
Planning Service Area	021	Christian

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	48	0	0	27	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	48	0	0	27	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	14.00
Certified Aides	31.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	67.00

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
26.0%	46.0%	0.0%	0.0%	28.0%	100.0%		
1,087,341	1,919,170	0	0	1,169,162	4,175,673	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TAYLORVILLE MEMORIAL HOSPITAL
201 EAST PLEASANT
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6009146
Health Service Area 003 Planning Service Area 021

Administrator
Daniel J Raab

Contact Person and Telephone
CASSIE WATSON
217-824-1132

Date Completed
3/31/2014

Registered Agent Information

Building		Reported Age
Building 1	Second floor C-wing of original T	60
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	7
Total Admissions 2013	186
Total Discharges 2013	187
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	22	20	18	20	6	16	20	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	22	20	18	20	6	16	20	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3227	44.2%	0	0.0%	0	367	231	0	3825	47.6%	52.4%
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	3227	44.2%	0	0.0%	0	367	231	0	3825	47.6%	52.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	0	1	0	0	0	0	0	0	0	1	1
85+	2	2	0	0	0	0	0	0	2	2	4
TOTALS	3	3	0	0	0	0	0	0	3	3	6

TAYLORVILLE MEMORIAL HOSPITAL
201 EAST PLEASANT
TAYLORVILLE, IL. 62568

Classification Numbers

License Number	6009146	
Health Service Area	003	
Planning Service Area	021	Christian

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	0	0	0	0	0	6
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	0	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	0	0	0	0	0
Total	6	0	0	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	6	0	0	0	6
Ethnicity Unknown	0	0	0	0	0
Total	6	0	0	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.62
LPN's	4.58
Certified Aides	6.29
Other Health Staff	1.00
Non-Health Staff	1.16
Totals	15.65

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
77.7%	0.0%	0.0%	21.3%	1.0%	100.0%		
1,092,975	0	0	299,222	14,140	1,406,337	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TAYLORVILLE TERRACE
921 EAST MARKET STREET
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6012934
Health Service Area 003 Planning Service Area 021

Administrator
Christina Durbin

Contact Person and Telephone
Christina Durbin
217-287-7787

Date Completed
3/24/2014

Registered Agent Information
John Mirecki
3615 Park Drive Suite 100
Olympia Fields, IL 60461

Building	Reported Age
Building 1 Taylorville Terrace	33
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	1
Total Discharges 2013	2
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5543	94.9%	0	0	0	0	5543	94.9%	94.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5543	94.9%	0	0	0	0	5543	94.9%	94.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	3	0	0	1	3	4
45 to 59	0	0	0	0	4	4	0	0	4	4	8
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	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	1	0	0	0	1	0	1
TOTALS	0	0	0	0	7	7	0	0	7	7	14

TAYLORVILLE TERRACE
921 EAST MARKET STREET
TAYLORVILLE, IL. 62568

Classification Numbers

License Number	6012934	
Health Service Area	003	
Planning Service Area	021	Christian

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	133	123
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.50
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	9.00
Totals	10.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	610,520	0	0	0	610,520	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TERRA ESTATES
620 NORTH MAIN STREET
HOYLETON, IL. 62803

Reference Numbers Facility ID 6012736
Health Service Area 005 Planning Service Area 189

Administrator
Melissa A. Reed

Contact Person and Telephone
Jessica Rosales
708-283-1530 Ext. 303

Date Completed
3/25/2013

Registered Agent Information
John Mirecki
3615 Park Drive, Suite 100
Olympia Fields, IL 60461

Building		Reported Age
Building 1	Residential facility building	23
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	13
Total Admissions 2013	3
Total Discharges 2013	2
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4699	80.5%	0	0	0	0	4699	80.5%	80.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4699	80.5%	0	0	0	0	4699	80.5%	80.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	1	0	0	2	1	3
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	2	2	0	0	2	2	4
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	6	8	0	0	6	8	14

TERRA ESTATES
620 NORTH MAIN STREET
HOYLETON, IL. 62803

Classification Numbers

License Number	6012736	
Health Service Area	005	
Planning Service Area	189	Washington

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	135	125
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	2.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	14.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	452,540	0	0	0	452,540	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TERRACE ON THE PARK
901 NORTH TENTH STREET
MASCOUTAH, IL. 62258

Reference Numbers Facility ID 6003768
Health Service Area 011 Planning Service Area 163

Administrator
Barb Varwig

Contact Person and Telephone
Stacey PIlbean
618-566-2183

Date Completed
4/25/2014

Registered Agent Information

Continuing Care Retirement Community

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	45
Total Admissions 2013	45
Total Discharges 2013	41
Residents on 12/31/2013	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	24
Non-Medical Conditions	1
TOTALS	46

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	55	53	53	53	46	9	55	55
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	55	53	53	53	46	9	55	55

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	119	0.6%	710	3.5%	84	19	510	0	1442	7.2%	7.5%
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	119	0.6%	710	3.5%	84	19	510	0	1442	7.2%	7.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	8	7	0	0	0	0	0	0	8	7	15
75 to 84	4	6	0	0	0	0	0	0	4	6	10
85+	5	14	0	0	0	0	0	0	5	14	19
TOTALS	18	28	0	0	0	0	0	0	18	28	46

TERRACE ON THE PARK
901 NORTH TENTH STREET
MASCOUTAH, IL. 62258

Classification Numbers

License Number	6003768	
Health Service Area	011	
Planning Service Area	163	St. Clair

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	24	2	1	13	0	46
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	24	2	1	13	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	46	0	0	0	46
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	0	46

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	7.00
Certified Aides	17.00
Other Health Staff	6.00
Non-Health Staff	18.00
Totals	51.00

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
68.1%	14.2%	0.0%	3.4%	14.3%	100.0%		
1,069,673	222,785	0	54,122	224,020	1,570,600	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TERRACES AT THE CLARE
55 EAST PEARSON STREET
CHICAGO, IL. 60611

Reference Numbers Facility ID 6016117
Health Service Area 006 Planning Service Area 602

Administrator
Shelly Smith

Contact Person and Telephone
SHELLY SMITH
312-784-8316

Date Completed
4/4/2013

Registered Agent Information

Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	31
Total Admissions 2013	178
Total Discharges 2013	185
Residents on 12/31/2013	24

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	13
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	24

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	32	32	32	32	24	8	32	1
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	32	32	32	32	24	8	32	1

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5208	44.6%	0	0.0%	0	0	5453	60	10721	91.8%	91.8%
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	5208	44.6%	0	0.0%	0	0	5453	60	10721	91.8%	91.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	6	8	0	0	0	0	0	0	6	8	14
TOTALS	7	17	0	0	0	0	0	0	7	17	24

TERRACES AT THE CLARE
55 EAST PEARSON STREET
CHICAGO, IL. 60611

Classification Numbers

License Number	6016117	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	0	0	0	14	0	24
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	0	0	0	14	0	24

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	362	305
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	20	0	0	0	20
Race Unknown	0	0	0	0	0
Total	24	0	0	0	24

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	23	0	0	0	23
Ethnicity Unknown	0	0	0	0	0
Total	24	0	0	0	24

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.40
LPN's	1.00
Certified Aides	10.60
Other Health Staff	0.00
Non-Health Staff	15.20
Totals	37.20

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
61.5%	0.0%	0.0%	0.0%	38.5%	100.0%		
2,708,930	0	0	0	1,694,312	4,403,242	44,478	1.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	4/12/2012	Change of ownership occurred.
Name Change	6/30/2012	Formerly 'The Clare at Water Tower'.

THE DANISH HOME
5656 NORTH NEWCASTLE AVENUE
CHICAGO, IL. 60631

Reference Numbers Facility ID 6008692
Health Service Area 006 Planning Service Area 601

Administrator
SCOTT L SWANSON

Contact Person and Telephone
MICHAEL DASANBIAGIO
773-775-7383

Date Completed
3/27/2014

Registered Agent Information
SCOTT L. SWANSON
5656 N NEWCASTLE AVE.
Chicago, IL 60631

Continuing Care Retirement Community
Life Care Facility

Building		Reported Age
Building 1	1914 ORIGINAL	100
Building 2	1924 ADDITION	90
Building 3	1963 ADDITION	49
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	33
Total Admissions 2013	16
Total Discharges 2013	8
Residents on 12/31/2013	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	41

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	17	15	10	15	10	7	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	42	34	31	31	31	11		
TOTAL BEDS	59	49	41	46	41	18	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	3531	0	3531	56.9%	64.5%
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	10733	0	10733	70.0%	86.5%
TOTALS	0	0.0%	0	0.0%	0	0	14264	0	14264	66.2%	79.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	1	1	1	3	4
75 to 84	0	4	0	0	0	0	5	9	5	13	18
85+	0	4	0	0	0	0	3	12	3	16	19
TOTALS	0	10	0	0	0	0	9	22	9	32	41

THE DANISH HOME
5656 NORTH NEWCASTLE AVENUE
CHICAGO, IL. 60631

Classification Numbers

License Number	6008692	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	10	0	10
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	31	0	31
TOTALS	0	0	0	0	41	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	237
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	132	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	1	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	10	0	0	30	40
Race Unknown	0	0	0	0	0
Total	10	0	0	31	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	10	0	0	31	41
Ethnicity Unknown	0	0	0	0	0
Total	10	0	0	31	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	1.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	36.00

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	2,032,255	2,032,255	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE ELMS (MCDONOUGH COUNTY NURSING HO
1212 MADELYN AVENUE
MACOMB, IL. 61455

Reference Numbers Facility ID 6002836
Health Service Area 002 Planning Service Area 109

Administrator
Tina Cox

Contact Person and Telephone
Tina Cox
309-837-5482

Date Completed
2/25/2014

Registered Agent Information

Building	Reported Age
Building 1 The Elms -	36
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	90
Total Admissions 2013	59
Total Discharges 2013	54
Residents on 12/31/2013	95

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	14
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	25
Injuries and Poisonings	0
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 56

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	98	98	95	3	0	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	98	98	95	3	0	98

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1974	0.0%	21677	60.6%	0	0	11198	0	34849	97.4%	97.4%
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	1974	0.0%	21677	60.6%	0	0	11198	0	34849	97.4%	97.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	2	18	0	0	0	0	0	0	2	18	20
85+	8	49	0	0	0	0	0	0	8	49	57
TOTALS	17	78	0	0	0	0	0	0	17	78	95

THE ELMS (MCDONOUGH COUNTY NURSING HO
1212 MADELYN AVENUE
MACOMB, IL. 61455

Classification Numbers

License Number	6002836	
Health Service Area	002	
Planning Service Area	109	McDonough

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	61	0	0	29	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	61	0	0	29	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	146
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	12.00
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	42.00
Totals	112.00

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
13.5%	57.4%	0.0%	0.0%	29.1%	100.0%		
745,726	3,181,353	0	0	1,613,420	5,540,499	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE GROVE OF EVANSTON
500 ASBURY STREET
EVANSTON, IL. 60202

Reference Numbers Facility ID 6008916
Health Service Area 007 Planning Service Area 702

Administrator
Ashleigh Henri

Contact Person and Telephone
Ashleigh Henri
847-316-3320

Date Completed
3/14/2014

Registered Agent Information
Ashleigh Henri
500 Asbury Ave
Evanston, IL 60202

Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	85
Total Admissions 2013	429
Total Discharges 2013	425
Residents on 12/31/2013	89

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	7
Digestive System	5
Genitourinary System Disorders	9
Skin Disorders	3
Musculo-skeletal Disorders	20
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	124	124	107	0	89	35	124	67
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	124	124	107	0	89	35	124	67

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13764	30.4%	18008	73.6%	0	826	1816	0	34414	76.0%	76.0%
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	13764	30.4%	18008	73.6%	0	826	1816	0	34414	76.0%	76.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	0	0	0	0	2	0	2
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	6	17	0	0	0	0	0	0	6	17	23
75 to 84	7	12	0	0	0	0	0	0	7	12	19
85+	7	26	0	0	0	0	0	0	7	26	33
TOTALS	28	61	0	0	0	0	0	0	28	61	89

THE GROVE OF EVANSTON
500 ASBURY STREET
EVANSTON, IL. 60202

Classification Numbers

License Number	6008916	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	38	0	1	10	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	40	38	0	1	10	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	375	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	31	0	0	0	31
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	5	0	0	0	5
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	10.00
Certified Aides	31.00
Other Health Staff	4.00
Non-Health Staff	7.00
Totals	72.00

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
68.9%	24.2%	0.0%	3.1%	3.8%	100.0%		
8,095,243	2,849,062	0	360,821	449,500	11,754,626	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE GROVE OF LAGRANGE PARK
701 NORTH LAGRANGE ROAD
LAGRANGE PARK, IL. 60526

Reference Numbers Facility ID 6003057
Health Service Area 007 Planning Service Area 705

Administrator
Rafi Zimmerman

Contact Person and Telephone
Rafi Zimmerman
708-354-7300

Date Completed
3/25/2014

Registered Agent Information
Daniel Garden
7040 N Ridgeway Ave
Liincolnwood, IL 60712

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	52
Blood Disorders	4
*Nervous System Non Alzheimer	5
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	108

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	The Grove of Lagrange Park	38
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	110
Total Admissions 2013	160
Total Discharges 2013	155
Residents on 12/31/2013	115

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	131	120	118	120	108	23	131	131
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	131	120	118	120	108	23	131	131

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7740	16.2%	25919	54.2%	0	2463	5004	0	41126	86.0%	93.9%
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	7740	16.2%	25919	54.2%	0	2463	5004	0	41126	86.0%	93.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	1	0	0	0	0	0	0	4	1	5
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	16	12	0	0	0	0	0	0	16	12	28
75 to 84	9	16	0	0	0	0	0	0	9	16	25
85+	15	30	0	0	0	0	0	0	15	30	45
TOTALS	46	62	0	0	0	0	0	0	46	62	108

THE GROVE OF LAGRANGE PARK
701 NORTH LAGRANGE ROAD
LAGRANGE PARK, IL. 60526

Classification Numbers

License Number	6003057	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	48	20	1	16	0	108
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	48	20	1	16	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	108	0	0	0	108

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	100	0	0	0	100
Ethnicity Unknown	6	0	0	0	6
Total	108	0	0	0	108

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.80
LPN's	8.53
Certified Aides	23.30
Other Health Staff	7.00
Non-Health Staff	18.25
Totals	67.88

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
44.2%	41.9%	0.0%	5.1%	8.8%	100.0%		
4,348,403	4,119,296	0	500,047	863,166	9,830,912	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE GROVE OF NORTHBROOK
263 SKOKIE BOULEVARD
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6003412
Health Service Area 007 Planning Service Area 702

Administrator
Mordechai Polstein

Contact Person and Telephone
Mordechai Polstein
847-564-0505

Date Completed
3/20/2014

Registered Agent Information
Daniel Garden
7040 Ridgeway
Liincolnwood, IL 60712

Building		Reported Age
Building 1	Grove of Northbrook/Only Buildi	50
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	117
Total Admissions 2013	239
Total Discharges 2013	240
Residents on 12/31/2013	116

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	32
Blood Disorders	2
*Nervous System Non Alzheimer	13
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	1
Circulatory System	41
Respiratory System	6
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	116

Total Residents Diagnosed as Mentally Ill 17

Total Residents Reported as Identified Offenders 11

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	134	134	125	134	116	18	83	134
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	134	134	125	134	116	18	83	134

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6378	21.1%	32479	66.4%	0	941	2383	0	42181	86.2%	86.2%
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	6378	21.1%	32479	66.4%	0	941	2383	0	42181	86.2%	86.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	8	11	0	0	0	0	0	0	8	11	19
60 to 64	7	6	0	0	0	0	0	0	7	6	13
65 to 74	14	21	0	0	0	0	0	0	14	21	35
75 to 84	11	17	0	0	0	0	0	0	11	17	28
85+	4	16	0	0	0	0	0	0	4	16	20
TOTALS	44	72	0	0	0	0	0	0	44	72	116

THE GROVE OF NORTHBROOK
263 SKOKIE BOULEVARD
NORTHBROOK, IL. 60062

Classification Numbers

License Number	6003412	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	94	0	2	4	0	116
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	94	0	2	4	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	1	0	0	0	1
White	108	0	0	0	108
Race Unknown	0	0	0	0	0
Total	116	0	0	0	116

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	116	0	0	0	116

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	11.00
Certified Aides	46.00
Other Health Staff	4.00
Non-Health Staff	39.00
Totals	116.00

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
42.9%	49.3%	0.0%	2.8%	5.0%	100.0%		
3,952,716	4,541,841	0	253,520	465,233	9,213,310	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	11/1/2012	Formerly 'Lake Cook Terrace Nursing Center'.
CHOW	11/1/2012	Change of Ownership occurred.

THE HEIGHTS HEALTHCARE & REHAB CENTRE
1629 GARDNER LANE
PEORIA HEIGHTS, IL. 61616

Reference Numbers Facility ID 6004147
Health Service Area 002 Planning Service Area 143

Administrator
Rebecca Newble

Contact Person and Telephone
Rebecca Newble
309-685-1545

Date Completed
4/4/2014

Registered Agent Information
STAN KLEM
4600 W. TOUHY AVE SUITE 200
Liincolnwood, IL 60712

Building		Reported Age
Building 1	THE HEIGHTS HEALTHCARE	50
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	98
Total Admissions 2013	63
Total Discharges 2013	82
Residents on 12/31/2013	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	18
Mental Illness	35
Developmental Disability	2
Circulatory System	5
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	1
TOTALS	79

Total Residents Diagnosed as Mentally Ill 43

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	110	110	99	110	79	31	24	110
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	110	110	99	110	79	31	24	110

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1580	18.0%	29742	74.1%	0	214	700	0	32236	80.3%	80.3%
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	1580	18.0%	29742	74.1%	0	214	700	0	32236	80.3%	80.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	14	11	0	0	0	0	0	0	14	11	25
60 to 64	6	7	0	0	0	0	0	0	6	7	13
65 to 74	13	11	0	0	0	0	0	0	13	11	24
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	36	43	0	0	0	0	0	0	36	43	79

THE HEIGHTS HEALTHCARE & REHAB CENTRE
1629 GARDNER LANE
PEORIA HEIGHTS, IL. 61616

Classification Numbers

License Number	6004147	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	74	0	1	2	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	74	0	1	2	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	1	0	0	0	1
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	31.00
Other Health Staff	5.00
Non-Health Staff	40.00
Totals	90.00

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
11.9%	82.9%	0.0%	3.1%	2.2%	100.0%		
640,219	4,467,755	0	168,061	115,981	5,392,016	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE LUTHERAN HOME
6901 NORTH GALENA ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID 6005615
Health Service Area 002 Planning Service Area 143

Administrator
Deborah Simaytis

Contact Person and Telephone
Deborah Simaytis
309-689-1264

Date Completed
4/3/2014

Registered Agent Information
Lorraine Neitzer
6901 N Galena Rd
Peoria, IL 61614

Continuing Care Retirement Community

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	75
Total Admissions 2013	156
Total Discharges 2013	153
Residents on 12/31/2013	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	10
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	85	83	80	83	78	7	85	22
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	85	83	80	83	78	7	85	22

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4068	13.1%	3324	41.4%	1257	0	19494	0	28143	90.7%	92.9%
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	4068	13.1%	3324	41.4%	1257	0	19494	0	28143	90.7%	92.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	18	32	0	0	0	0	0	0	18	32	50
TOTALS	27	51	0	0	0	0	0	0	27	51	78

THE LUTHERAN HOME
6901 NORTH GALENA ROAD
PEORIA, IL. 61614

Classification Numbers

License Number	6005615	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	8	4	0	46	0	78
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	8	4	0	46	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	329	227
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	1	0	0	0	1
Total	78	0	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	1	0	0	0	1
Total	78	0	0	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	18.00
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	76.00

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
24.6%	3.1%	0.0%	7.0%	65.3%	100.0%		
1,731,046	218,118	0	490,991	4,594,687	7,034,842	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE MATHER
425 DAVIS STREET
EVANSTON, IL. 60201

Reference Numbers Facility ID 6016455
Health Service Area 007 Planning Service Area 702

Administrator
Lynn Laystrom

Contact Person and Telephone
Lynn Laystrom

Date Completed
3/12/2014

Registered Agent Information
Mary Leary
1603 Orrington Suite 1800
Evanston, IL 60201

Continuing Care Retirement Community
Life Care Facility

Building	Reported Age
Building 1 The Mather Life Centre	4
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	21
Total Admissions 2013	94
Total Discharges 2013	95
Residents on 12/31/2013	20

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	10
Mental Illness	1
Developmental Disability	0
Circulatory System	2
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	20

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	37	37	30	37	20	17	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	37	37	30	37	20	17	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1643	0.0%	0	0.0%	0	0	5857	0	7500	55.5%	55.5%
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	1643	0.0%	0	0.0%	0	0	5857	0	7500	55.5%	55.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	5	11	0	0	0	0	0	0	5	11	16
TOTALS	6	14	0	0	0	0	0	0	6	14	20

THE MATHER
425 DAVIS STREET
EVANSTON, IL. 60201

Classification Numbers

License Number	6016455	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	0	0	0	18	0	20
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	0	0	0	18	0	20

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	345	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	20	0	0	0	20
Race Unknown	0	0	0	0	0
Total	20	0	0	0	20

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	20	0	0	0	20
Ethnicity Unknown	0	0	0	0	0
Total	20	0	0	0	20

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	0.00
Certified Aides	19.00
Other Health Staff	1.00
Non-Health Staff	7.00
Totals	39.00

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
46.5%	0.0%	0.0%	53.4%	0.1%	100.0%		
935,737	0	0	1,073,362	2,009	2,011,108	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE MOORINGS HEALTH CENTER
761 OLD BARN LANE
ARLINGTON HEIGHTS, IL. 60005

Reference Numbers Facility ID 6005698
Health Service Area 007 Planning Service Area 701

Administrator
John Denkert

Contact Person and Telephone
MONIQUE SCHROEDER
847-718-1258

Date Completed
3/31/2014

Registered Agent Information
John Burns, COO Presbyterian Homes
3200 Grant Street
Evanston, IL 60201

Continuing Care Retirement Community

Building		Reported Age
Building 1	Health Center 3 wings 1995	19
Building 2	Health Center 1 wing 1971	43
Building 3	Sheltered Care 1956	58
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	119
Total Admissions 2013	520
Total Discharges 2013	506
Residents on 12/31/2013	133

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	3
*Nervous System Non Alzheimer	29
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	49
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	4
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	133

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	116	105	101	104	96	20	84	17
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	44	42	37	42	37	7		
TOTAL BEDS	160	147	138	146	133	27	84	17

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8472	27.6%	365	5.9%	0	138	24831	0	33806	79.8%	88.2%
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	11101	0	11101	69.1%	72.4%
TOTALS	8472	27.6%	365	5.9%	0	138	35932	0	44907	76.9%	83.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	9	19	0	0	0	0	3	7	12	26	38
85+	18	44	0	0	0	0	4	23	22	67	89
TOTALS	28	68	0	0	0	0	7	30	35	98	133

THE MOORINGS HEALTH CENTER
761 OLD BARN LANE
ARLINGTON HEIGHTS, IL. 60005

Classification Numbers

License Number	6005698	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	1	0	0	76	0	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	37	0	37
TOTALS	19	1	0	0	113	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	396	277
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	190	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	36	130
Race Unknown	1	0	0	1	2
Total	96	0	0	37	133

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	1	2
Non-Hispanic	95	0	0	36	131
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	37	133

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.30
LPN's	4.30
Certified Aides	54.60
Other Health Staff	22.00
Non-Health Staff	39.02
Totals	149.22

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
21.7%	0.3%	0.0%	0.3%	77.7%	100.0%		
4,747,880	64,667	0	73,735	17,030,339	21,916,621	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE PARC AT JOLIET
222 NORTH HAMMES
JOLIET, IL. 60435

Reference Numbers Facility ID 6004766
Health Service Area 009 Planning Service Area 197

Administrator
Phillip Baratta

Contact Person and Telephone
Phillip Baratta

Date Completed
4/23/2014

Registered Agent Information
Stephen Sher
5750 Old orchard Rt Suite 420
Skokie, IL 60077

Building	Reported Age
Building 1 The Parc at Joliet (Main Building	34
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	147
Total Admissions 2013	106
Total Discharges 2013	102
Residents on 12/31/2013	151

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	1
Mental Illness	20
Developmental Disability	3
Circulatory System	4
Respiratory System	15
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	9
Musculo-skeletal Disorders	13
Injuries and Poisonings	1
Other Medical Conditions	60
Non-Medical Conditions	4
TOTALS	151

Total Residents Diagnosed as Mentally Ill 20

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	179	165	179	151	52	203	203
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	179	165	179	151	52	203	203

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1250	1.7%	6591	8.9%	0	7	530	0	8378	11.3%	12.8%
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	1250	1.7%	6591	8.9%	0	7	530	0	8378	11.3%	12.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	10	8	0	0	0	0	0	0	10	8	18
60 to 64	9	4	0	0	0	0	0	0	9	4	13
65 to 74	16	13	0	0	0	0	0	0	16	13	29
75 to 84	15	25	0	0	0	0	0	0	15	25	40
85+	15	35	0	0	0	0	0	0	15	35	50
TOTALS	65	86	0	0	0	0	0	0	65	86	151

THE PARC AT JOLIET
222 NORTH HAMMES
JOLIET, IL. 60435

Classification Numbers

License Number	6004766	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	124	0	1	10	0	151
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	124	0	1	10	0	151

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	29	0	0	0	29
Hawaiian/Pacific Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	0	0	0	0	0
Total	151	0	0	0	151

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	144	0	0	0	144
Ethnicity Unknown	0	0	0	0	0
Total	151	0	0	0	151

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	21.00
Certified Aides	57.00
Other Health Staff	5.00
Non-Health Staff	60.00
Totals	160.00

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
33.5%	59.4%	0.0%	0.2%	7.0%	100.0%		
493,466	874,884	0	2,348	102,592	1,473,290	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE SPRINGS AT CRYSTAL LAKE
1000 EAST BRIGHTON LANE
CRYSTAL LAKE, IL. 60012

Reference Numbers Facility ID 6011803
Health Service Area 008 Planning Service Area 111

Administrator
Stephanie Dimitrenko

Contact Person and Telephone
STEPHANIE DIMITRENKO
815-477-6400

Date Completed
3/25/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	70
Total Admissions 2013	597
Total Discharges 2013	615
Residents on 12/31/2013	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	12
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	97	97	81	97	52	45	97	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	97	97	81	97	52	45	97	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14249	40.2%	0	0.0%	0	609	4072	0	18930	53.5%	53.5%
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	14249	40.2%	0	0.0%	0	609	4072	0	18930	53.5%	53.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	7	5	0	0	0	0	0	0	7	5	12
85+	9	21	0	0	0	0	0	0	9	21	30
TOTALS	20	32	0	0	0	0	0	0	20	32	52

THE SPRINGS AT CRYSTAL LAKE
1000 EAST BRIGHTON LANE
CRYSTAL LAKE, IL. 60012

Classification Numbers

License Number	6011803	
Health Service Area	008	
Planning Service Area	111	McHenry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	0	0	0	12	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	40	0	0	0	12	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	305	239
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	7.00
Certified Aides	22.00
Other Health Staff	4.00
Non-Health Staff	30.00
Totals	76.00

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
86.7%	0.0%	0.0%	2.4%	11.0%	100.0%		
8,450,746	0	0	230,840	1,069,937	9,751,523	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE TERRACE NURSING HOME
1615 SUNSET AVENUE
WAUKEGAN, IL. 60087

Reference Numbers Facility ID 6009377
Health Service Area 008 Planning Service Area 097

Administrator
Rose Shults

Contact Person and Telephone
JENNIFER KOWACH
847-244-6700

Date Completed
4/4/2014

Registered Agent Information
Tom Hein
1S443 Summit Avenue, Suites 204 A&B
Oakbrook Terrace, IL 60181

Building	Reported Age
Building 1 Terrace Nursing Home	49
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	95
Total Admissions 2013	84
Total Discharges 2013	84
Residents on 12/31/2013	95

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	8
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	115	105	115	95	20	0	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	115	115	105	115	95	20	0	115

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2330	0.0%	28294	67.4%	0	11	4878	0	35513	84.6%	84.6%
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	2330	0.0%	28294	67.4%	0	11	4878	0	35513	84.6%	84.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	7	8	0	0	0	0	0	0	7	8	15
75 to 84	5	14	0	0	0	0	0	0	5	14	19
85+	17	40	0	0	0	0	0	0	17	40	57
TOTALS	33	62	0	0	0	0	0	0	33	62	95

THE TERRACE NURSING HOME
1615 SUNSET AVENUE
WAUKEGAN, IL. 60087

Classification Numbers

License Number	6009377	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	75	0	0	9	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	75	0	0	9	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	21	0	0	0	21
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	15	0	0	0	15
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	6.00
Certified Aides	36.00
Other Health Staff	6.00
Non-Health Staff	30.00
Totals	94.00

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
22.0%	65.5%	0.0%	0.0%	12.5%	100.0%		
1,216,063	3,624,006	0	1,562	691,286	5,532,917	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	6/27/2012	Change of ownership occurred.

THE TILLERS NURSING & REHAB CENTER
4390 ROUTE 71
OSWEGO, IL. 60543

Reference Numbers Facility ID 6009401
Health Service Area 009 Planning Service Area 093

Administrator
Robert M. Saxon

Contact Person and Telephone
BRETT SAXON
630-554-10014

Date Completed
4/3/2014

Registered Agent Information
Robert M. Saxon
46 S. Royal Oaks Dr.
Bristol, IL 60512

Building		Reported Age
Building 1	Skilled Nursing Facility	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	82
Total Admissions 2013	595
Total Discharges 2013	582
Residents on 12/31/2013	95

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	23
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	55
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	106	105	106	95	11	90	4
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	106	106	105	106	95	11	90	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	18942	57.7%	1009	69.1%	0	5005	8940	0	33896	87.6%	87.6%
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	18942	57.7%	1009	69.1%	0	5005	8940	0	33896	87.6%	87.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	0	0	0	0	2	0	2
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	14	15	0	0	0	0	0	0	14	15	29
85+	12	31	0	0	0	0	0	0	12	31	43
TOTALS	36	59	0	0	0	0	0	0	36	59	95

THE TILLERS NURSING & REHAB CENTER
4390 ROUTE 71
OSWEGO, IL. 60543

Classification Numbers

License Number	6009401	
Health Service Area	009	
Planning Service Area	093	Kendall

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	58	3	0	14	20	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	58	3	0	14	20	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	369	237
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	3	0	0	0	3
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	7.00
Certified Aides	45.00
Other Health Staff	2.00
Non-Health Staff	48.00
Totals	136.00

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
68.2%	0.8%	0.0%	15.3%	15.6%	100.0%		
10,221,551	119,334	0	2,298,716	2,338,290	14,977,891	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Villa at South Holland
16300 WAUSAU AVE
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6007868
Health Service Area 007 Planning Service Area 705

Administrator
Susan Ahlgren RN/MSN/LNHA

Contact Person and Telephone
Susan Ahlgren
708-225-6130

Date Completed
3/28/2014

Registered Agent Information

Building		Reported Age
Building 1	16300 Waussau Avenue	37
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	99
Total Admissions 2013	651
Total Discharges 2013	633
Residents on 12/31/2013	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	4
*Nervous System Non Alzheimer	20
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	1
Circulatory System	48
Respiratory System	25
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	117

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	171	171	140	144	117	54	171	171
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	171	171	140	144	117	54	171	171

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14805	23.7%	9253	14.8%	0	1330	3116	0	28504	45.7%	45.7%
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	14805	23.7%	9253	14.8%	0	1330	3116	0	28504	45.7%	45.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	8	12	0	0	0	0	0	0	8	12	20
75 to 84	14	25	0	0	0	0	0	0	14	25	39
85+	9	41	0	0	0	0	0	0	9	41	50
TOTALS	35	82	0	0	0	0	0	0	35	82	117

The Villa at South Holland
16300 WAUSAU AVE
SOUTH HOLLAND, IL. 60473

Classification Numbers

License Number	6007868	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	57	38	0	5	17	0	117
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	57	38	0	5	17	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	327	248
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	64	0	0	0	64
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.50
LPN's	12.00
Certified Aides	46.50
Other Health Staff	8.50
Non-Health Staff	37.00
Totals	118.50

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
75.2%	12.2%	0.0%	4.9%	7.7%	100.0%		
7,571,948	1,223,538	0	496,862	773,283	10,065,631	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE VILLA AT WINDSOR PARK
2649 EAST 75TH STREET
CHICAGO, IL. 60649

Reference Numbers Facility ID 6014856
Health Service Area 006 Planning Service Area 603

Administrator
mark berger

Contact Person and Telephone
JOSH BAUMOL
773-356-9300

Date Completed
4/3/2014

Registered Agent Information
Corporation Service Company

Wilington, DE 19808

Building	Reported Age
Building 1 windsor park	15
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	182
Total Admissions 2013	302
Total Discharges 2013	295
Residents on 12/31/2013	189

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	4
Mental Illness	2
Developmental Disability	0
Circulatory System	27
Respiratory System	4
Digestive System	7
Genitourinary System Disorders	4
Skin Disorders	4
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	111
Non-Medical Conditions	0
TOTALS	189

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 11

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	240	240	197	240	189	51	240	240
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	240	240	197	240	189	51	240	240

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15903	18.2%	49789	56.8%	0	558	2619	0	68869	78.6%	78.6%
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	15903	18.2%	49789	56.8%	0	558	2619	0	68869	78.6%	78.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	14	15	0	0	0	0	0	0	14	15	29
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	21	16	0	0	0	0	0	0	21	16	37
75 to 84	13	34	0	0	0	0	0	0	13	34	47
85+	9	56	0	0	0	0	0	0	9	56	65
TOTALS	63	126	0	0	0	0	0	0	63	126	189

THE VILLA AT WINDSOR PARK
2649 EAST 75TH STREET
CHICAGO, IL. 60649

Classification Numbers

License Number	6014856	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	43	136	0	1	9	0	189
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	43	136	0	1	9	0	189

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	181	0	0	0	181
Hawaiian/Pacific Isl.	0	0	0	0	0
White	5	0	0	0	5
Race Unknown	3	0	0	0	3
Total	189	0	0	0	189

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	186	0	0	0	186
Ethnicity Unknown	0	0	0	0	0
Total	189	0	0	0	189

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	24.00
Certified Aides	90.00
Other Health Staff	8.00
Non-Health Staff	49.00
Totals	191.00

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
47.4%	48.5%	0.0%	1.5%	2.6%	100.0%		
7,594,024	7,762,305	0	238,348	421,520	16,016,197	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE VILLAGE AT VICTORY LAKES
1055 EAST GRAND AVENUE
LINDENHURST, IL. 60046

Reference Numbers Facility ID 6011332
Health Service Area 008 Planning Service Area 097

Administrator
Judy Pitzele

Contact Person and Telephone
Judy Pitzele
847-356-5900

Date Completed
4/1/2014

Registered Agent Information
CT Corp. Systems, Franciscan Communi
208 S. LaSalle Street, Ste. 814

Continuing Care Retirement Community

Building		Reported Age
Building 1	Care Center Type III (200) const	27
Building 2	Offices Type II (222) constructio	20
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	105
Total Admissions 2013	668
Total Discharges 2013	671
Residents on 12/31/2013	102

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	13
Mental Illness	8
Developmental Disability	0
Circulatory System	15
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	44
TOTALS	102

Total Residents Diagnosed as Mentally Ill 8

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	118	110	118	102	18	120	24
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	118	110	118	102	18	120	24

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	16431	37.5%	6047	69.0%	0	988	13754	0	37220	85.0%	86.4%
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	16431	37.5%	6047	69.0%	0	988	13754	0	37220	85.0%	86.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	10	0	0	0	0	0	0	2	10	12
75 to 84	8	19	0	0	0	0	0	0	8	19	27
85+	15	45	0	0	0	0	0	0	15	45	60
TOTALS	26	76	0	0	0	0	0	0	26	76	102

THE VILLAGE AT VICTORY LAKES
1055 EAST GRAND AVENUE
LINDENHURST, IL. 60046

Classification Numbers

License Number	6011332	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	48	11	0	3	40	0	102
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	48	11	0	3	40	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	370	275
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	3	0	0	0	3
Total	102	0	0	0	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	3	0	0	0	3
Total	102	0	0	0	102

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.00
LPN's	9.00
Certified Aides	37.00
Other Health Staff	21.00
Non-Health Staff	14.00
Totals	112.00

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
52.0%	3.8%	0.0%	3.5%	40.7%	100.0%		
7,234,978	533,480	0	492,158	5,658,351	13,918,967	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE WATERFORD NURSING & REHAB
7445 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6002430
Health Service Area 006 Planning Service Area 601

Administrator
Kathy Donohue

Contact Person and Telephone
KATHY DONOHUE

Date Completed
4/4/2014

Registered Agent Information
MS Registered Agent Services
191 N Wacker Dr. Ste 1800
Chicago, IL 60606

Building	Reported Age
Building 1 The Waterford	50
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	130
Total Admissions 2013	49
Total Discharges 2013	45
Residents on 12/31/2013	134

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	71
Developmental Disability	3
Circulatory System	8
Respiratory System	4
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	134

Total Residents Diagnosed as Mentally Ill 90

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	141	141	134	141	134	7	37	141
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	141	141	134	141	134	7	37	141

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7003	51.9%	39598	76.9%	3560	0	918	0	51079	99.2%	99.2%
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	7003	51.9%	39598	76.9%	3560	0	918	0	51079	99.2%	99.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	2	0	0	0	0	0	0	2	2	4
45 to 59	17	10	0	0	0	0	0	0	17	10	27
60 to 64	8	10	0	0	0	0	0	0	8	10	18
65 to 74	16	23	0	0	0	0	0	0	16	23	39
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	9	16	0	0	0	0	0	0	9	16	25
TOTALS	61	73	0	0	0	0	0	0	61	73	134

THE WATERFORD NURSING & REHAB
7445 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Classification Numbers

License Number	6002430	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	125	0	0	3	0	134
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	125	0	0	3	0	134

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	128
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	33	0	0	0	33
Hawaiian/Pacific Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	0	0	0	0	0
Total	134	0	0	0	134

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	123	0	0	0	123
Ethnicity Unknown	0	0	0	0	0
Total	134	0	0	0	134

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	8.00
Certified Aides	39.00
Other Health Staff	7.00
Non-Health Staff	29.00
Totals	101.00

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
22.6%	75.0%	0.0%	0.3%	2.1%	100.0%		
1,577,509	5,240,422	0	22,115	144,664	6,984,710	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE WEALSHIRE
150 JAMESTOWN LANE
LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID 6014377
Health Service Area 008 Planning Service Area 097

Administrator
Arnold Goldberg

Contact Person and Telephone
shari floss
224-543-7148

Date Completed
3/27/2014

Registered Agent Information
Mr. Lawrence Freedman
77 West Washington St. Suite 1211
Chicago, IL 60602

Building	Reported Age
Building 1 The Wealshire	18
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	127
Total Admissions 2013	638
Total Discharges 2013	664
Residents on 12/31/2013	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	13
Mental Illness	12
Developmental Disability	0
Circulatory System	11
Respiratory System	5
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	14
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	101

Total Residents Diagnosed as Mentally Ill 47

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	144	144	135	144	101	43	122	10
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	144	144	135	144	101	43	122	10

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	365	0.8%	5564	######	0	2069	19310	0	27308	52.0%	52.0%
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	365	0.8%	5564	######	0	2069	19310	0	27308	52.0%	52.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	6	24	0	0	0	0	0	0	6	24	30
85+	11	40	0	0	0	0	0	0	11	40	51
TOTALS	22	79	0	0	0	0	0	0	22	79	101

THE WEALSHIRE
150 JAMESTOWN LANE
LINCOLNSHIRE, IL. 60069

Classification Numbers

License Number	6014377	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	16	0	6	51	0	101
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	16	0	6	51	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	260	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	11.00
Certified Aides	68.00
Other Health Staff	5.00
Non-Health Staff	78.00
Totals	187.00

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
50.1%	6.9%	0.0%	13.5%	29.5%	100.0%		
7,430,418	1,020,270	0	1,996,982	4,379,337	14,827,007	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THELMA TERRACE
1450 VIRGINIA AVENUE
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6010425
Health Service Area 011 Planning Service Area 119

Administrator
James Haney

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Thelma Terrace	26
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5799	99.3%	0	0	0	0	5799	99.3%	99.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5799	99.3%	0	0	0	0	5799	99.3%	99.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	5	0	0	3	5	8
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	2	1	0	0	2	1	3
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	10	6	0	0	10	6	16

THELMA TERRACE
1450 VIRGINIA AVENUE
WOOD RIVER, IL. 62095

Classification Numbers

License Number	6010425	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	108
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	630,145	0	0	0	630,145	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THOMAS HERBSTRITT HOUSE
4003 NORTH RT.1 & 17 BOX 260
MOMENCE, IL. 60954

Reference Numbers Facility ID 6014260
Health Service Area 009 Planning Service Area 091

Administrator
Bruce Fitzpatrick

Contact Person and Telephone
BRUCE FITZPATRICK
815-472-3700

Date Completed
3/14/2014

Registered Agent Information
Bruce Fitzpatrick
PO Box 260
Momence, IL 60954

Building	Reported Age
Building 1 Thomas Herbstritt House	18
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	2
Total Discharges 2013	3
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
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	14

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5186	88.8%	0	0	0	0	5186	88.8%	88.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5186	88.8%	0	0	0	0	5186	88.8%	88.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	2	0	2
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	4	0	0	0	4	0	4
65 to 74	0	0	0	0	4	0	0	0	4	0	4
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	14	0	0	0	14	0	14

THOMAS HERBSTRITT HOUSE
4003 NORTH RT.1 & 17 BOX 260
MOMENCE, IL. 60954

Classification Numbers

License Number	6014260	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	142	142
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	9.60
Non-Health Staff	1.00
Totals	10.60

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%	82.2%	17.8%	0.0%	0.0%	100.0%		
0	809,292	174,821	0	0	984,113	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THOMAS LOMBARD HOUSE
4129A NORTH RT.1&17 BOX 260
MOMENCE, IL. 60954

Reference Numbers Facility ID 6014278
Health Service Area 009 Planning Service Area 091

Administrator
Bruce Fitzpatrick

Contact Person and Telephone
BRUCE FITZPATRICK
815-472-3700

Date Completed
3/14/2014

Registered Agent Information
Bruce Fitzpatrick
PO BOx 260
Momence, IL 60954

Building	Reported Age
Building 1 Thomas Lombard House	18
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5443	93.2%	0	0	0	0	5443	93.2%	93.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5443	93.2%	0	0	0	0	5443	93.2%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	0	0	0	3	0	3
45 to 59	0	0	0	0	6	0	0	0	6	0	6
60 to 64	0	0	0	0	3	0	0	0	3	0	3
65 to 74	0	0	0	0	4	0	0	0	4	0	4
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	16	0	0	0	16	0	16

THOMAS LOMBARD HOUSE
4129A NORTH RT.1&17 BOX 260
MOMENCE, IL. 60954

Classification Numbers

License Number	6014278	
Health Service Area	009	
Planning Service Area	091	Kankakee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	138	138
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	9.18
Non-Health Staff	1.00
Totals	10.18

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%	80.9%	19.1%	0.0%	0.0%	100.0%		
0	787,475	185,420	0	0	972,895	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THORNTON HEIGHTS TERRACE
160 WEST 10TH STREET
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6009385
Health Service Area 007 Planning Service Area 705

Administrator
Elvira L Cull

Contact Person and Telephone
Richard Duros
708-754-2220

Date Completed
3/26/2014

Registered Agent Information
Gary Weintraub
435 Central Avenue
Northfield, IL 60093

Building		Reported Age
Building 1	Thornton Heights Terrace	39
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	211
Total Admissions 2013	72
Total Discharges 2013	78
Residents on 12/31/2013	205

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	205
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	205

Total Residents Diagnosed as Mentally Ill 205

Total Residents Reported as Identified Offenders 24

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	222	222	210	222	205	17	0	222
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	222	222	210	222	205	17	0	222

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	71780	88.6%	0	0	129	0	71909	88.7%	88.7%
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	0	0.0%	71780	88.6%	0	0	129	0	71909	88.7%	88.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	30	10	0	0	0	0	0	0	30	10	40
45 to 59	68	49	0	0	0	0	0	0	68	49	117
60 to 64	17	13	0	0	0	0	0	0	17	13	30
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	122	83	0	0	0	0	0	0	122	83	205

THORNTON HEIGHTS TERRACE
160 WEST 10TH STREET
CHICAGO HEIGHTS, IL. 60411

Classification Numbers

License Number	6009385	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	205	0	0	0	0	205
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	205	0	0	0	0	205

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	260	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	85	0	0	0	85
Hawaiian/Pacific Isl.	1	0	0	0	1
White	116	0	0	0	116
Race Unknown	0	0	0	0	0
Total	205	0	0	0	205

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	198	0	0	0	198
Ethnicity Unknown	0	0	0	0	0
Total	205	0	0	0	205

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	33.00
Other Health Staff	26.00
Non-Health Staff	31.00
Totals	103.00

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
0.0%	99.8%	0.0%	0.0%	0.2%	100.0%		
0	8,238,399	0	0	16,770	8,255,169	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THREE CROWNS PARK
2323 MCDANIEL AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6007462
Health Service Area 007 Planning Service Area 702

Administrator
Rick Curtis

Contact Person and Telephone
Rick Curtis
847-328-8700

Date Completed
3/25/2014

Registered Agent Information
Susan J. Morse
6 Martha Lane
Evanston, IL 60201

Continuing Care Retirement Community

Building		Reported Age
Building 1	Pioneer Place	105
Building 2	Landstrom Manor	39
Building 3	McDaniel Courts	6
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	72
Total Admissions 2013	49
Total Discharges 2013	43
Residents on 12/31/2013	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	49	40	49	34	15	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	82	82	48	82	44	38		
TOTAL BEDS	131	131	88	131	78	53	0	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	10728	365	11093	62.0%	62.0%
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	16833	304	17137	57.3%	57.3%
TOTALS	0	0.0%	0	0.0%	0	0	27561	669	28230	59.0%	59.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	2	1	3	4
75 to 84	1	3	0	0	0	0	1	5	2	8	10
85+	4	24	0	0	0	0	4	32	8	56	64
TOTALS	6	28	0	0	0	0	5	39	11	67	78

THREE CROWNS PARK
2323 MCDANIEL AVENUE
EVANSTON, IL. 60201

Classification Numbers

License Number	6007462	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	33	1	34
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	43	1	44
TOTALS	0	0	0	0	76	2	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	355	305
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	117	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	1	3
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	32	0	0	43	75
Race Unknown	0	0	0	0	0
Total	34	0	0	44	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	34	0	0	44	78
Ethnicity Unknown	0	0	0	0	0
Total	34	0	0	44	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	6.00
Certified Aides	24.00
Other Health Staff	3.00
Non-Health Staff	52.00
Totals	95.00

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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	4,027,639	4,027,639	74,268	1.8%

*Charity Care Expense does not include expenses which may be considered a community benefit.

THREE SPRINGS LODGE
161 THREE SPRINGS ROAD
CHESTER, IL. 62233

Reference Numbers Facility ID 6009393
Health Service Area 005 Planning Service Area 157

Administrator
KEN ROWOLD

Contact Person and Telephone
Stephani McCaughan
618-549-8331

Date Completed
3/20/2014

Registered Agent Information
STEPHANI MCCAUGHAN
1001 E. MAIN BLDG 4A
Carbondale, IL 62901

Building		Reported Age
Building 1	THREE SPRINGS LODGE NUR	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	59
Total Admissions 2013	65
Total Discharges 2013	57
Residents on 12/31/2013	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	9
Mental Illness	24
Developmental Disability	0
Circulatory System	8
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 24

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	83	83	71	83	67	16	17	83
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	83	83	71	83	67	16	17	83

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1705	27.5%	11566	38.2%	0	0	10285	0	23556	77.8%	77.8%
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	1705	27.5%	11566	38.2%	0	0	10285	0	23556	77.8%	77.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	8	9	0	0	0	0	0	0	8	9	17
85+	6	26	0	0	0	0	0	0	6	26	32
TOTALS	20	47	0	0	0	0	0	0	20	47	67

THREE SPRINGS LODGE
161 THREE SPRINGS ROAD
CHESTER, IL. 62233

Classification Numbers

License Number	6009393	
Health Service Area	005	
Planning Service Area	157	Randolph

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	33	0	0	30	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	33	0	0	30	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	51.00

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
53.4%	42.0%	0.0%	0.0%	4.6%	100.0%		
1,521,377	1,198,603	0	0	131,269	2,851,249	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TIBSTRA HOUSE
271 EAST 161ST STREET
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6012009
Health Service Area 007 Planning Service Area 705

Administrator
Frea Mars

Contact Person and Telephone
Steve Goudzwaard
708-371-0800

Date Completed
3/4/2014

Registered Agent Information
Bethshan Association % Joseph Laneng
12927 S. Monitor Ave.
Palos Heights, IL 60463

Building	Reported Age
Building 1 Tibstra House	23
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5565	95.3%	0	0	0	0	5565	95.3%	95.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5565	95.3%	0	0	0	0	5565	95.3%	95.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	5	1	0	0	5	1	6
45 to 59	0	0	0	0	4	4	0	0	4	4	8
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	10	6	0	0	10	6	16

TIBSTRA HOUSE
271 EAST 161ST STREET
SOUTH HOLLAND, IL. 60473

Classification Numbers

License Number	6012009	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	140	140
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	9.00
Other Health Staff	2.50
Non-Health Staff	2.50
Totals	15.00

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
0.0%	79.9%	20.1%	0.0%	0.1%	100.0%		
0	630,045	158,322	0	565	788,932	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TIMBER POINT HEALTHCARE CENTER
205 EAST SPRING STREET
CAMP POINT, IL. 62320

Reference Numbers Facility ID 6003750
Health Service Area 003 Planning Service Area 001

Administrator
Andrea Bloyd

Contact Person and Telephone
Andrea Bloyd
217-593-7734

Date Completed
4/2/2014

Registered Agent Information

Building	Reported Age
Building 1	50
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	62
Total Admissions 2013	18
Total Discharges 2013	26
Residents on 12/31/2013	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	37
Non-Medical Conditions	0
TOTALS	54

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	110	110	62	110	54	56	110	110
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	110	110	62	110	54	56	110	110

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2434	6.1%	14090	35.1%	375	693	3421	0	21013	52.3%	52.3%
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	2434	6.1%	14090	35.1%	375	693	3421	0	21013	52.3%	52.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	8	9	0	0	0	0	0	0	8	9	17
85+	16	11	0	0	0	0	0	0	16	11	27
TOTALS	27	27	0	0	0	0	0	0	27	27	54

TIMBER POINT HEALTHCARE CENTER
205 EAST SPRING STREET
CAMP POINT, IL. 62320

Classification Numbers

License Number	6003750	
Health Service Area	003	
Planning Service Area	001	Adams

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	38	0	1	9	0	54
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	38	0	1	9	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	0	54

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	4.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	66.00

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
27.0%	52.0%	0.0%	7.7%	13.3%	100.0%		
990,133	1,903,744	0	282,937	487,721	3,664,535	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TIMBERCREEK REHAB & HEALTH CARE
2220 STATE STREET
PEKIN, IL. 61554

Reference Numbers Facility ID 6007330
Health Service Area 002 Planning Service Area 179

Administrator
Lisa McCoy

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/2/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Timbercreek RHCC/Nursing Ho	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	106
Total Admissions 2013	200
Total Discharges 2013	176
Residents on 12/31/2013	130

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	22
Blood Disorders	3
*Nervous System Non Alzheimer	13
Alzheimer Disease	8
Mental Illness	2
Developmental Disability	1
Circulatory System	16
Respiratory System	13
Digestive System	7
Genitourinary System Disorders	14
Skin Disorders	1
Musculo-skeletal Disorders	19
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	130

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	202	155	130	155	130	72	202	202
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	202	155	130	155	130	72	202	202

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5039	6.8%	28527	38.7%	3053	421	2933	0	39973	54.2%	70.7%
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	5039	6.8%	28527	38.7%	3053	421	2933	0	39973	54.2%	70.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	7	13	0	0	0	0	0	0	7	13	20
60 to 64	7	6	0	0	0	0	0	0	7	6	13
65 to 74	12	18	0	0	0	0	0	0	12	18	30
75 to 84	11	13	0	0	0	0	0	0	11	13	24
85+	12	27	0	0	0	0	0	0	12	27	39
TOTALS	51	79	0	0	0	0	0	0	51	79	130

TIMBERCREEK REHAB & HEALTH CARE
2220 STATE STREET
PEKIN, IL. 61554

Classification Numbers

License Number	6007330	
Health Service Area	002	
Planning Service Area	179	Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	99	2	3	11	0	130
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	99	2	3	11	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	1	0	0	0	1
White	126	0	0	0	126
Race Unknown	0	0	0	0	0
Total	130	0	0	0	130

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	130	0	0	0	130
Ethnicity Unknown	0	0	0	0	0
Total	130	0	0	0	130

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	17.00
Certified Aides	58.00
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	118.00

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
37.4%	52.7%	2.0%	1.3%	6.5%	100.0%		
2,418,789	3,408,161	128,838	85,934	422,766	6,464,488	7,932	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TORRENCE PLACE
2601 223RD STREET
SAUK VILLAGE, IL. 60411

Reference Numbers Facility ID 6013833
Health Service Area 007 Planning Service Area 705

Administrator
Annette Whitlock

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building		Reported Age
Building 1	Torrence Place	20
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	13
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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	13

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	13	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	13	16	13	3	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4745	81.3%	0	0	0	0	4745	81.3%	81.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4745	81.3%	0	0	0	0	4745	81.3%	81.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	3	0	0	1	3	4
45 to 59	0	0	0	0	5	3	0	0	5	3	8
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	6	7	0	0	6	7	13

TORRENCE PLACE
2601 223RD STREET
SAUK VILLAGE, IL. 60411

Classification Numbers

License Number	6013833	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	151
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	6	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	774,425	0	0	0	774,425	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TOULON REHAB & HEALTH CARE CTR
HIGHWAY 17 EAST BOX 249
TOULON, IL. 61483

Reference Numbers Facility ID 6009427
Health Service Area 002 Planning Service Area 123

Administrator
Susan VanDeRostyne

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/2/2014

Registered Agent Information
Marikay Snyder
830 W. Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Toulon RHCC/Nursing Home	38
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	86
Total Admissions 2013	78
Total Discharges 2013	84
Residents on 12/31/2013	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	16
Mental Illness	33
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 35

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	136	131	97	131	80	56	82	136
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	136	131	97	131	80	56	82	136

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2684	9.0%	14991	30.2%	2995	102	9660	0	30432	61.3%	63.6%
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	2684	9.0%	14991	30.2%	2995	102	9660	0	30432	61.3%	63.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	4	0	0	0	0	0	0	2	4	6
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	8	11	0	0	0	0	0	0	8	11	19
75 to 84	10	11	0	0	0	0	0	0	10	11	21
85+	13	15	0	0	0	0	0	0	13	15	28
TOTALS	37	43	0	0	0	0	0	0	37	43	80

TOULON REHAB & HEALTH CARE CTR
HIGHWAY 17 EAST BOX 249
TOULON, IL. 61483

Classification Numbers

License Number	6009427	
Health Service Area	002	
Planning Service Area	123	Marshall/Stark

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	41	2	0	30	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	41	2	0	30	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	171	128
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	15.00
Certified Aides	26.00
Other Health Staff	6.00
Non-Health Staff	24.00
Totals	76.00

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
24.5%	44.8%	2.9%	0.5%	27.2%	100.0%		
1,216,763	2,226,308	144,200	26,873	1,350,580	4,964,724	3,211	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TOWER HILL HEALTHCARE CENTER
759 KANE STREET
SOUTH ELGIN, IL. 60177

Reference Numbers Facility ID 6003263
Health Service Area 008 Planning Service Area 089

Administrator
JEREMY AMSTER

Contact Person and Telephone
Cheryl Carl
847-982-2300

Date Completed
4/2/2014

Registered Agent Information
SHELDON WOLFE
7434 SKOKIE BLVD
Skokie, IL 60077

Life Care Facility

Building		Reported Age
Building 1	TOWER HILL HEALTHCARE C	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	180
Total Admissions 2013	138
Total Discharges 2013	132
Residents on 12/31/2013	186

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	11
Endocrine/Metabolic	15
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	7
Mental Illness	23
Developmental Disability	0
Circulatory System	29
Respiratory System	24
Digestive System	10
Genitourinary System Disorders	16
Skin Disorders	5
Musculo-skeletal Disorders	5
Injuries and Poisonings	30
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	186

Total Residents Diagnosed as Mentally Ill 46

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	206	206	199	206	186	20	206	206
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	206	206	199	206	186	20	206	206

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7025	9.3%	49724	66.1%	0	0	10717	0	67466	89.7%	89.7%
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	7025	9.3%	49724	66.1%	0	0	10717	0	67466	89.7%	89.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	6	14	0	0	0	0	0	0	6	14	20
75 to 84	17	45	0	0	0	0	0	0	17	45	62
85+	14	88	0	0	0	0	0	0	14	88	102
TOTALS	37	149	0	0	0	0	0	0	37	149	186

TOWER HILL HEALTHCARE CENTER
759 KANE STREET
SOUTH ELGIN, IL. 60177

Classification Numbers

License Number	6003263	
Health Service Area	008	
Planning Service Area	089	Kane

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	144	0	0	28	0	186
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	144	0	0	28	0	186

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	179	0	0	0	179
Race Unknown	0	0	0	0	0
Total	186	0	0	0	186

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	177	0	0	0	177
Ethnicity Unknown	0	0	0	0	0
Total	186	0	0	0	186

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	9.00
Certified Aides	66.00
Other Health Staff	0.00
Non-Health Staff	73.00
Totals	171.00

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
28.1%	56.1%	0.0%	0.0%	15.8%	100.0%		
3,426,757	6,846,528	0	0	1,927,793	12,201,078	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TRAFFORD ESTATES
813 WEST CENTER
FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6012983
Health Service Area 005 Planning Service Area 191

Administrator
Brian Taylor

Contact Person and Telephone
Tonya Lindsay
618-244-7701

Date Completed
3/25/2014

Registered Agent Information
Tonya Lindsey
P.O. Box 705

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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	13

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1 16 Bed ICF/DD	23
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	2
Total Discharges 2013	4
Residents on 12/31/2013	13

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	13	3	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5352	91.6%	0	0	0	0	5352	91.6%	91.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5352	91.6%	0	0	0	0	5352	91.6%	91.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	1	0	0	1	1	2
45 to 59	0	0	0	0	2	4	0	0	2	4	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	2	1	0	0	2	1	3
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	7	0	0	6	7	13

TRAFFORD ESTATES
813 WEST CENTER
FAIRFIELD, IL. 62837

Classification Numbers

License Number	6012983	
Health Service Area	005	
Planning Service Area	191	Wayne

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	124	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	6.00
Other Health Staff	3.00
Non-Health Staff	0.00
Totals	9.50

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%	88.7%	0.0%	0.0%	11.3%	100.0%		
0	580,255	0	0	73,764	654,019	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TRANSITIONS NURSING AND REHABILITATION
1000 DIXON AVENUE
ROCK FALLS, IL. 61071

Reference Numbers Facility ID 6001929
Health Service Area 001 Planning Service Area 195

Administrator
Julie Logan

Contact Person and Telephone
Julie Logan, Administrator
815-625-8510

Date Completed
3/25/2014

Registered Agent Information
Robert Hedges, Registered Agent
1625 S. 6th St
Springfield, IL 62703

Building		Reported Age
Building 1	Colonial Acres dba Transitions N	46
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	28
Total Admissions 2013	44
Total Discharges 2013	45
Residents on 12/31/2013	27

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	13
Developmental Disability	0
Circulatory System	7
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	27

Total Residents Diagnosed as Mentally Ill 16

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	55	47	34	47	27	28	55	55
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	55	47	34	47	27	28	55	55

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1005	5.0%	8068	40.2%	0	177	1224	0	10474	52.2%	61.1%
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	1005	5.0%	8068	40.2%	0	177	1224	0	10474	52.2%	61.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	1	7	0	0	0	0	0	0	1	7	8
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	0	4	0	0	0	0	0	0	0	4	4
TOTALS	9	18	0	0	0	0	0	0	9	18	27

TRANSITIONS NURSING AND REHABILITATION
1000 DIXON AVENUE
ROCK FALLS, IL. 61071

Classification Numbers

License Number	6001929	
Health Service Area	001	
Planning Service Area	195	Whiteside

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	20	0	0	3	0	27
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	20	0	0	3	0	27

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	27	0	0	0	27
Race Unknown	0	0	0	0	0
Total	27	0	0	0	27

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	25	0	0	0	25
Ethnicity Unknown	0	0	0	0	0
Total	27	0	0	0	27

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	3.00
Certified Aides	14.00
Other Health Staff	10.00
Non-Health Staff	4.00
Totals	36.00

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
30.1%	59.3%	0.0%	0.0%	10.8%	100.1%		
496,433	979,213	0	-2,337	177,477	1,650,786	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TRINITY LIVING CENTER 1
3360 UGLAND DRIVE
JOLIET, IL. 60432

Reference Numbers Facility ID 6011811
Health Service Area 009 Planning Service Area 197

Administrator
Lisa Dillon

Contact Person and Telephone
LISA DILLON
815-717-3770

Date Completed
4/2/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Trinity Living Center 1	23
Building 2	Trinity Living Center 2	23
Building 3	Trinity Living Center 3	23
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	15

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5588	95.7%	252	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5588	95.7%	252	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	2	0	0	6	2	8
45 to 59	0	0	0	0	1	5	0	0	1	5	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	7	8	0	0	7	8	15

TRINITY LIVING CENTER 1
3360 UGLAND DRIVE
JOLIET, IL. 60432

Classification Numbers

License Number	6011811	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	157	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	1	0	1
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	2.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	19.00

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
0.0%	85.8%	14.2%	0.0%	0.0%	100.0%		
0	749,045	124,002	0	0	873,047	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TRINITY LIVING CENTER 2
3302 HORSESHOE LANE
JOLIET, IL. 60432

Reference Numbers Facility ID 6011829
Health Service Area 009 Planning Service Area 197

Administrator
Lisa Dillon

Contact Person and Telephone
LISA DILLON
815-717-3770

Date Completed
4/2/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Trinity Living Center 1	23
Building 2	Trinity Living Center 2	23
Building 3	Trinity Living Center 3	23
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	1
Total Discharges 2013	2
Residents on 12/31/2013	15

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5333	91.3%	155	0	0	0	5488	94.0%	94.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5333	91.3%	155	0	0	0	5488	94.0%	94.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	1	0	0	3	1	4
45 to 59	0	0	0	0	8	0	0	0	8	0	8
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	1	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	0	0	0	0	12	3	0	0	12	3	15

TRINITY LIVING CENTER 2
3302 HORSESHOE LANE
JOLIET, IL. 60432

Classification Numbers

License Number	6011829	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	157	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	2	0	2
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	2.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	15.00
Totals	20.00

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
0.0%	86.1%	13.9%	0.0%	0.0%	100.0%		
0	710,046	114,796	0	0	824,842	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TRINITY LIVING CENTER 3
3360 FRANCIS LANE
JOLIET, IL. 60432

Reference Numbers Facility ID 6011837
Health Service Area 009 Planning Service Area 197

Administrator
Lisa Dillon

Contact Person and Telephone
LISA DILLON
815-717-3770

Date Completed
4/2/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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	13

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Trinity Living Center 1	23
Building 2	Trinity Living Center 2	23
Building 3	Trinity Living Center 3	23
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	1
Total Discharges 2013	3
Residents on 12/31/2013	13

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	13	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	13	16	13	3	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5485	93.9%	9	0	0	0	5494	94.1%	94.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5485	93.9%	9	0	0	0	5494	94.1%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	2	0	0	1	2	3
45 to 59	0	0	0	0	6	2	0	0	6	2	8
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	7	6	0	0	7	6	13

TRINITY LIVING CENTER 3
3360 FRANCIS LANE
JOLIET, IL. 60432

Classification Numbers

License Number	6011837	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	157	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	2.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	19.00

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
0.0%	82.9%	17.1%	0.0%	0.0%	100.0%		
0	689,386	142,039	0	0	831,425	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TRI-STATE MANOR NURSING HOME
2500 EAST 175TH STREET
LANSING, IL. 60438

Reference Numbers Facility ID 6009443
Health Service Area 007 Planning Service Area 705

Administrator
Daniel Elkaim

Contact Person and Telephone
Daniel Elkaim
708-474-7330

Date Completed
3/27/2014

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Building		Reported Age
Building 1	East and West Hallway / Dining r	51
Building 2	South Hallway / Kitchen / Recep	20
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	78
Total Admissions 2013	92
Total Discharges 2013	91
Residents on 12/31/2013	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	6
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 26

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	84	84	84	84	79	5	56	84
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	84	84	84	84	79	5	56	84

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5726	28.0%	20904	68.2%	0	196	872	0	27698	90.3%	90.3%
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	5726	28.0%	20904	68.2%	0	196	872	0	27698	90.3%	90.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	7	14	0	0	0	0	0	0	7	14	21
85+	5	25	0	0	0	0	0	0	5	25	30
TOTALS	25	54	0	0	0	0	0	0	25	54	79

TRI-STATE MANOR NURSING HOME
2500 EAST 175TH STREET
LANSING, IL. 60438

Classification Numbers

License Number	6009443	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	54	0	0	12	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	54	0	0	12	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	34	0	0	0	34
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	11.00
Certified Aides	25.00
Other Health Staff	14.00
Non-Health Staff	17.00
Totals	73.00

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
41.5%	54.8%	0.0%	1.0%	2.7%	100.0%		
2,324,133	3,064,618	0	56,213	151,214	5,596,178	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TRULSON HOUSE
260 SOUTH MICHIGAN AVENUE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010201
Health Service Area 002 Planning Service Area 095

Administrator
Tiffany Lair

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Building	Reported Age
Building 1 Taylor House	24
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4354	74.6%	0	0	0	0	4354	74.6%	74.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4354	74.6%	0	0	0	0	4354	74.6%	74.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	7	0	0	2	7	9
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	1	3	0	0	1	3	4
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	12	0	0	4	12	16

TRULSON HOUSE
260 SOUTH MICHIGAN AVENUE
GALESBURG, IL. 61401

Classification Numbers

License Number	6010201	
Health Service Area	002	
Planning Service Area	095	Knox

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	113
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	82.6%	0.4%	0.0%	17.0%	100.0%		
0	540,891	2,799	0	111,450	655,140	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TURNER MANOR
P.O. BOX 303 901 OGLESBY RD
HARRISBURG, IL. 62946

Reference Numbers Facility ID 6000624
Health Service Area 005 Planning Service Area 059

Administrator
Dawn Lamp

Contact Person and Telephone
DAWN LAMP

Date Completed
3/26/2014

Registered Agent Information
Grant Cape
P.O. Box 972
Harrisburg, IL 62946

Building	Reported Age
Building 1 ICF-ID	45
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	33
Total Admissions 2013	4
Total Discharges 2013	3
Residents on 12/31/2013	34

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	34
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	34

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	35	35	35	35	34	1		35
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	35	35	35	35	34	1	0	35

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			12613	98.7%	0	0	0	0	12613	98.7%	98.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	12613	98.7%	0	0	0	0	12613	98.7%	98.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	10	3	0	0	10	3	13
45 to 59	0	0	0	0	6	8	0	0	6	8	14
60 to 64	0	0	0	0	4	1	0	0	4	1	5
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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	20	14	0	0	20	14	34

TURNER MANOR
P.O. BOX 303 901 OGLESBY RD
HARRISBURG, IL. 62946

Classification Numbers

License Number	6000624	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		34	0	0	0	0	34
Sheltered Care			0	0	0	0	0
TOTALS	0	34	0	0	0	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	142	142
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	6	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	26	0	26
Race Unknown	0	0	2	0	2
Total	0	0	34	0	34

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	31	0	31
Ethnicity Unknown	0	0	0	0	0
Total	0	0	34	0	34

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	7.00
Certified Aides	49.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	77.00

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
0.0%	90.9%	9.1%	0.0%	0.0%	100.0%		
0	1,553,634	154,929	0	0	1,708,563	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TUSCOLA HEALTH CARE CENTER
1203 EGYPTAIN TRAIL
TUSCOLA, IL. 61953

Reference Numbers Facility ID 6002588
Health Service Area 004 Planning Service Area 041

Administrator
Alison Cler

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/4/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Tuscola HCC/Nursing Home	48
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	51
Total Admissions 2013	48
Total Discharges 2013	45
Residents on 12/31/2013	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	0
Circulatory System	10
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	54

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	73	60	56	60	54	19	71	71
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	73	60	56	60	54	19	71	71

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	638	2.5%	9102	35.1%	978	182	8236	0	19136	71.8%	87.4%
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	638	2.5%	9102	35.1%	978	182	8236	0	19136	71.8%	87.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	13	0	0	0	0	0	0	1	13	14
85+	6	33	0	0	0	0	0	0	6	33	39
TOTALS	7	47	0	0	0	0	0	0	7	47	54

TUSCOLA HEALTH CARE CENTER
1203 EGYPTAIN TRAIL
TUSCOLA, IL. 61953

Classification Numbers

License Number	6002588	
Health Service Area	004	
Planning Service Area	041	Douglas

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	23	3	25	0	0	54
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	23	3	25	0	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	0	54

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	19.00
Other Health Staff	11.00
Non-Health Staff	4.00
Totals	47.00

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
11.5%	41.7%	0.0%	2.4%	44.4%	100.0%		
276,229	1,000,554	0	57,035	1,063,982	2,397,800	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TWIN LAKES REHAB & HEALTH CARE
310 EADS AVENUE
PARIS, IL. 61944

Reference Numbers Facility ID 6004188
Health Service Area 004 Planning Service Area 045

Administrator
Genettia Dean

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/4/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building	Reported Age
Building 1 Twin Lakes RHCC/Nursing Hom	44
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	31
Total Admissions 2013	59
Total Discharges 2013	49
Residents on 12/31/2013	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	6
Mental Illness	1
Developmental Disability	0
Circulatory System	14
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	41

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	62	52	43	52	41	21	18	56
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	62	52	43	52	41	21	18	56

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2018	30.7%	9026	44.2%	291	294	1565	0	13194	58.3%	69.5%
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	2018	30.7%	9026	44.2%	291	294	1565	0	13194	58.3%	69.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	19	22	0	0	0	0	0	0	19	22	41

TWIN LAKES REHAB & HEALTH CARE
310 EADS AVENUE
PARIS, IL. 61944

Classification Numbers

License Number	6004188	
Health Service Area	004	
Planning Service Area	045	Edgar

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	31	1	0	7	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	31	1	0	7	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	146	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	2.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	55.00

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
43.1%	47.4%	0.0%	1.3%	8.1%	100.0%		
1,031,366	1,135,619	0	31,576	194,770	2,393,331	4,294	0.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TWIN RIVER ESTATE
4710 PIERCE LANE
GODFREY, IL. 62035

Reference Numbers Facility ID 6012744
Health Service Area 011 Planning Service Area 119

Administrator
Tammy Marsh

Contact Person and Telephone
Tammy Marsh
618-465-0044 ext 1609

Date Completed
3/29/2014

Registered Agent Information
Tom Moehn
4 Emmie Kaus Lane
Alton, IL 62002

Building		Reported Age
Building 1	Alton Bluffs	24
Building 2	Fosterburg	19
Building 3	Lewis & Clark	22
Building 4	Lynhaven	23
Building 5	Twin Rivers	22

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	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	1
Total Discharges 2013	4
Residents on 12/31/2013	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
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	12

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	15	15	15	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	15	15	15	12	4	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4608	78.9%	0	0	0	0	4608	78.9%	84.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4608	78.9%	0	0	0	0	4608	78.9%	84.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	5	0	0	4	5	9
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	6	6	0	0	6	6	12

TWIN RIVER ESTATE
4710 PIERCE LANE
GODFREY, IL. 62035

Classification Numbers

License Number	6012744	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	119	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	9.00
Non-Health Staff	0.00
Totals	12.00

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
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

TWIN WILLOWS NURSING CENTER
1600 N. BROADWAY P.O.BOX 370
SALEM, IL. 62881

Reference Numbers Facility ID 6009484
Health Service Area 005 Planning Service Area 121

Administrator
Todd Woodruff

Contact Person and Telephone
TODD WOODRUFF
618-292-4640

Date Completed
4/4/2014

Registered Agent Information
Hubert Woodruff
P.O. Box 370
Salem, IL 62881

Building	Reported Age
Building 1 Twin Willows Nursing Center /Sk	48
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	43
Total Admissions 2013	33
Total Discharges 2013	37
Residents on 12/31/2013	39

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	18
Mental Illness	5
Developmental Disability	0
Circulatory System	10
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	39

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	72	74	47	72	39	33	29	72
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	72	74	47	72	39	33	29	72

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1704	16.1%	10129	38.5%	0	0	2681	0	14514	55.2%	53.7%
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	1704	16.1%	10129	38.5%	0	0	2681	0	14514	55.2%	53.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	4	6	0	0	0	0	0	0	4	6	10
85+	4	12	0	0	0	0	0	0	4	12	16
TOTALS	15	24	0	0	0	0	0	0	15	24	39

TWIN WILLOWS NURSING CENTER
1600 N. BROADWAY P.O.BOX 370
SALEM, IL. 62881

Classification Numbers

License Number	6009484	
Health Service Area	005	
Planning Service Area	121	Marion

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	27	0	0	6	0	39
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	27	0	0	6	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	138
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	39	0	0	0	39

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	39	0	0	0	39
Ethnicity Unknown	0	0	0	0	0
Total	39	0	0	0	39

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	3.00
Certified Aides	16.00
Other Health Staff	3.00
Non-Health Staff	12.00
Totals	41.00

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
31.0%	28.7%	0.0%	7.8%	32.5%	100.0%		
665,747	616,041	0	166,341	696,900	2,145,029	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

UNION COUNTY HOSPITAL LTC
521 NORTH MAIN STREET
ANNA, IL. 62906

Reference Numbers Facility ID 6009492
Health Service Area 005 Planning Service Area 181

Administrator
Tammy Samuels

Contact Person and Telephone
MISSY BRIMM
618-833-4511 ext 4238

Date Completed
3/10/2013

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	14
Total Admissions 2013	13
Total Discharges 2013	13
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	0
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	10
Non-Medical Conditions	0
TOTALS	14

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	22	22	17	22	14	8	0	10
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	22	22	17	22	14	8	0	10

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	1051	28.8%	0	0	4025	0	5076	63.2%	63.2%
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	0	0.0%	1051	28.8%	0	0	4025	0	5076	63.2%	63.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	1	3	0	0	0	0	0	0	1	3	4
85+	0	9	0	0	0	0	0	0	0	9	9
TOTALS	1	13	0	0	0	0	0	0	1	13	14

UNION COUNTY HOSPITAL LTC
521 NORTH MAIN STREET
ANNA, IL. 62906

Classification Numbers

License Number	6009492	
Health Service Area	005	
Planning Service Area	181	Union

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	3	0	0	11	0	14
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	3	0	0	11	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	127	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	14	0	0	0	14
Race Unknown	0	0	0	0	0
Total	14	0	0	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	14	0	0	0	14
Ethnicity Unknown	0	0	0	0	0
Total	14	0	0	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	2.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	18.00

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
0.0%	16.6%	0.0%	0.0%	83.4%	100.0%		
0	101,422	0	0	511,175	612,597	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

UNITED METHODIST VILLAGE
1616 CEDAR
LAWRENCEVILLE, IL. 62439

Reference Numbers Facility ID 6009500
Health Service Area 005 Planning Service Area 101

Administrator
Morgan Newell

Contact Person and Telephone
Morgan Newell
618-943-3347

Date Completed
4/4/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	70
Total Admissions 2013	56
Total Discharges 2013	58
Residents on 12/31/2013	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	8
Blood Disorders	3
*Nervous System Non Alzheimer	1
Alzheimer Disease	18
Mental Illness	3
Developmental Disability	2
Circulatory System	7
Respiratory System	6
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	68

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	143	99	72	99	68	75	143	143
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	143	99	72	99	68	75	143	143

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2139	4.1%	12291	23.5%	0	80	9392	0	23902	45.8%	66.1%
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	2139	4.1%	12291	23.5%	0	80	9392	0	23902	45.8%	66.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	8	0	0	0	0	0	0	2	8	10
75 to 84	3	15	0	0	0	0	0	0	3	15	18
85+	9	27	0	0	0	0	0	0	9	27	36
TOTALS	17	51	0	0	0	0	0	0	17	51	68

UNITED METHODIST VILLAGE
1616 CEDAR
LAWRENCEVILLE, IL. 62439

Classification Numbers

License Number	6009500	
Health Service Area	005	
Planning Service Area	101	Lawrence

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	31	0	0	30	0	68
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	31	0	0	30	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	11.00
Certified Aides	28.00
Other Health Staff	58.00
Non-Health Staff	0.00
Totals	111.00

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
20.6%	33.0%	0.0%	6.1%	40.3%	100.0%		
790,964	1,265,582	0	233,345	1,548,531	3,838,422	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	3/22/2012	Discontinued 20 Nursing Care beds; facility now has 143 Nursing Care beds.

UNITED METHODIST VILLAGE N. CA.
2101 JAMES STREET
LAWRENCEVILLE, IL. 62439

Reference Numbers Facility ID 6013072
Health Service Area 005 Planning Service Area 101

Administrator
Paula McKnight

Contact Person and Telephone
Paula McKnight
618-943-3444

Date Completed
4/3/2014

Registered Agent Information
Nicholas Lynn
190 South LaSalle Street; Suite 3700
Chicago, IL 60603

Building		Reported Age
Building 1	North Campus	23
Building 2	Chapel	6
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	61
Total Admissions 2013	69
Total Discharges 2013	79
Residents on 12/31/2013	51

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	6
Mental Illness	2
Developmental Disability	0
Circulatory System	33
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	1
TOTALS	61

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	93	74	93	61	37	98	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	93	74	93	61	37	98	98

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4169	11.7%	11234	31.4%	248	0	7482	160	23293	65.1%	68.6%
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	4169	11.7%	11234	31.4%	248	0	7482	160	23293	65.1%	68.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	9	28	0	0	0	0	0	0	9	28	37
TOTALS	19	42	0	0	0	0	0	0	19	42	61

UNITED METHODIST VILLAGE N. CA.
2101 JAMES STREET
LAWRENCEVILLE, IL. 62439

Classification Numbers

License Number	6013072	
Health Service Area	005	
Planning Service Area	101	Lawrence

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	27	0	0	25	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	27	0	0	25	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	11.00
Certified Aides	30.00
Other Health Staff	9.00
Non-Health Staff	35.00
Totals	98.00

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
33.1%	23.4%	2.6%	6.7%	34.2%	100.0%		
1,426,740	1,008,390	112,543	290,337	1,476,825	4,314,835	17,765	0.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

UnityPoint Health - Trinity Rock Island
2701 17TH STREET
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6014336
Health Service Area 010 Planning Service Area 161

Administrator
Jay Willsher

Contact Person and Telephone
MICHAEL NESSELER
309-779-2310

Date Completed
3/24/2014

Registered Agent Information
Steve Gross
2701 17th Street
Rock Island, IL 61201

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	20
Total Admissions 2013	387
Total Discharges 2013	386
Residents on 12/31/2013	21

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	21

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	29	29	22	29	21	8	29	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	29	29	22	29	21	8	29	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6131	57.9%	0	0.0%	0	343	0	0	6474	61.2%	61.2%
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	6131	57.9%	0	0.0%	0	343	0	0	6474	61.2%	61.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	8	2	0	0	0	0	0	0	8	2	10
85+	4	2	0	0	0	0	0	0	4	2	6
TOTALS	15	6	0	0	0	0	0	0	15	6	21

UnityPoint Health - Trinity Rock Island
2701 17TH STREET
ROCK ISLAND, IL. 61201

Classification Numbers

License Number	6014336	
Health Service Area	010	
Planning Service Area	161	Rock Island

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	0	0	2	0	0	21
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	0	0	2	0	0	21

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	882	882
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	21	0	0	0	21
Race Unknown	0	0	0	0	0
Total	21	0	0	0	21

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	21	0	0	0	21
Ethnicity Unknown	0	0	0	0	0
Total	21	0	0	0	21

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.28
LPN's	4.92
Certified Aides	9.47
Other Health Staff	0.02
Non-Health Staff	1.00
Totals	27.69

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
85.4%	0.0%	0.0%	14.6%	0.0%	100.0%		
2,563,000	0	0	438,000	0	3,001,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

UNIVERSITY NURSING & REHAB
1095 UNIVERSITY DRIVE
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6002711
Health Service Area 011 Planning Service Area 119

Administrator
Becky Garcia

Contact Person and Telephone
Becky Garcia
618-656-1081

Date Completed
3/26/2014

Registered Agent Information
Lawrence Y. Schwartz
7366 North Lincoln Avenue
Liincolnwood, IL 60712

Building		Reported Age
Building 1	University Nursing and Rehab C	36
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	93
Total Admissions 2013	93
Total Discharges 2013	88
Residents on 12/31/2013	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	11
Mental Illness	5
Developmental Disability	1
Circulatory System	25
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 19

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	122	115	103	115	98	24	118	118
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	122	115	103	115	98	24	118	118

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	162	0.4%	1920	4.5%	0	96	945	0	3123	7.0%	7.4%
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	162	0.4%	1920	4.5%	0	96	945	0	3123	7.0%	7.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	9	7	0	0	0	0	0	0	9	7	16
75 to 84	7	22	0	0	0	0	0	0	7	22	29
85+	7	37	0	0	0	0	0	0	7	37	44
TOTALS	30	68	0	0	0	0	0	0	30	68	98

UNIVERSITY NURSING & REHAB
1095 UNIVERSITY DRIVE
EDWARDSVILLE, IL. 62025

Classification Numbers

License Number	6002711	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	68	0	3	23	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	68	0	3	23	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	14.00
Certified Aides	36.00
Other Health Staff	6.00
Non-Health Staff	28.00
Totals	90.00

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
26.0%	45.8%	0.0%	3.0%	25.2%	100.0%		
1,386,110	2,438,700	0	158,573	1,343,200	5,326,583	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

V I P MANOR
393 EDWARDSVILLE ROAD
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6009534
Health Service Area 011 Planning Service Area 119

Administrator
Elizabeth Dunn

Contact Person and Telephone
Elizabeth Dunn
618-259-4111

Date Completed
4/4/2013

Registered Agent Information
Daniel Weiss
6865 N Lincoln Ave
Liincolnwood, IL 60712

Building		Reported Age
Building 1	vip manor	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	91
Total Admissions 2013	132
Total Discharges 2013	152
Residents on 12/31/2013	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	6
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	106	99	94	99	71	35	106	106
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	106	99	94	99	71	35	106	106

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3028	7.8%	19440	50.2%	5	71	5452	0	27996	72.4%	77.5%
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	3028	7.8%	19440	50.2%	5	71	5452	0	27996	72.4%	77.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	1
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	3	14	0	0	0	0	0	0	3	14	17
85+	7	27	0	0	0	0	0	0	7	27	34
TOTALS	15	56	0	0	0	0	0	0	15	56	71

V I P MANOR
393 EDWARDSVILLE ROAD
WOOD RIVER, IL. 62095

Classification Numbers

License Number	6009534	
Health Service Area	011	
Planning Service Area	119	Madison

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	55	0	2	10	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	55	0	2	10	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	147
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	17.00
Certified Aides	51.00
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	99.00

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
17.0%	60.2%	4.8%	0.0%	18.0%	100.0%		
591,979	2,096,229	167,139	0	628,030	3,483,377	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

VAHLE TERRACE
301 MAPLE SUMMIT ROAD
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6010169
Health Service Area 003 Planning Service Area 083

Administrator
James Haney

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Building	Reported Age
Building 1 Vahle Terrace	26
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	5	4	0	0	5	4	9
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	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	0	0	0	0	10	6	0	0	10	6	16

VAHLE TERRACE
301 MAPLE SUMMIT ROAD
JERSEYVILLE, IL. 62052

Classification Numbers

License Number	6010169	
Health Service Area	003	
Planning Service Area	083	Jersey

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	114
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	664,258	0	0	0	664,258	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6009542
Health Service Area 008 Planning Service Area 111

Administrator
Thomas Annarella

Contact Person and Telephone
Shelly Lunsford
815-334-2808

Date Completed
4/3/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	40
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	39
Non-Medical Conditions	0
TOTALS	122

Total Residents Diagnosed as Mentally Ill 28

Total Residents Reported as Identified Offenders 0

Building		Reported Age
Building 1	Valley Hi Nursing Home	7
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	116
Total Admissions 2013	87
Total Discharges 2013	81
Residents on 12/31/2013	122

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	128	128	128	128	122	6	128	128
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	128	128	128	128	122	6	128	128

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5374	11.5%	19577	41.9%	4726	18	14533	0	44228	94.7%	94.7%
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	5374	11.5%	19577	41.9%	4726	18	14533	0	44228	94.7%	94.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	8	14	0	0	0	0	0	0	8	14	22
85+	15	74	0	0	0	0	0	0	15	74	89
TOTALS	28	94	0	0	0	0	0	0	28	94	122

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK, IL. 60098

Classification Numbers

License Number	6009542	
Health Service Area	008	
Planning Service Area	111	McHenry

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	47	12	0	52	0	122
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	47	12	0	52	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	122	0	0	0	122
Race Unknown	0	0	0	0	0
Total	122	0	0	0	122

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	122	0	0	0	122

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.29
LPN's	9.75
Certified Aides	43.40
Other Health Staff	3.82
Non-Health Staff	45.63
Totals	122.89

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
29.5%	34.7%	7.1%	0.2%	28.5%	100.0%		
3,018,107	3,551,757	720,930	16,116	2,917,146	10,224,056	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

VANDALIA REHAB & HLTHCARE CTR
1500 WEST ST. LOUIS AVENUE
VANDALIA, IL. 62471

Reference Numbers Facility ID 6009260
Health Service Area 005 Planning Service Area 051

Administrator
Michelle Blain

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/2/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Vandalia RHCC/Nursing Home	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	50
Total Admissions 2013	49
Total Discharges 2013	48
Residents on 12/31/2013	51

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	11
Mental Illness	7
Developmental Disability	1
Circulatory System	0
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	51

Total Residents Diagnosed as Mentally Ill 33

Total Residents Reported as Identified Offenders 5

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	116	110	51	110	51	65	57	116
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	116	110	51	110	51	65	57	116

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2537	12.2%	13498	31.9%	481	27	2055	0	18598	43.9%	46.3%
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	2537	12.2%	13498	31.9%	481	27	2055	0	18598	43.9%	46.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	0	0	0	0	0	0	0	2	0	2
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	7	6	0	0	0	0	0	0	7	6	13
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	7	6	0	0	0	0	0	0	7	6	13
TOTALS	24	27	0	0	0	0	0	0	24	27	51

VANDALIA REHAB & HLTHCARE CTR
1500 WEST ST. LOUIS AVENUE
VANDALIA, IL. 62471

Classification Numbers

License Number	6009260	
Health Service Area	005	
Planning Service Area	051	Fayette

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	42	0	0	4	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	42	0	0	4	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	148	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	0	51

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	21.00
Other Health Staff	13.00
Non-Health Staff	18.00
Totals	64.00

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
38.2%	52.9%	0.0%	0.1%	8.8%	100.0%		
1,132,985	1,565,714	0	3,642	260,188	2,962,529	1,073	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

VI AT THE GLEN
2401 INDIGO LANE
GLENVIEW, IL. 60026

Reference Numbers Facility ID 6015689
Health Service Area 007 Planning Service Area 702

Administrator
Cherie Getlin

Contact Person and Telephone
CHERIE GETLIN
847-904-4710

Date Completed
3/19/2014

Registered Agent Information

Continuing Care Retirement Community
Life Care Facility

Building	Reported Age
Building 1 Care Center	12
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	35
Total Admissions 2013	81
Total Discharges 2013	81
Residents on 12/31/2013	35

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	35

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	38	38	38	38	35	3	38	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	38	38	38	38	35	3	38	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1718	12.4%	0	0.0%	0	126	11551	0	13395	96.6%	96.6%
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	1718	12.4%	0	0.0%	0	126	11551	0	13395	96.6%	96.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	1	0	0	0	0	0	0	0	1	1
85+	11	23	0	0	0	0	0	0	11	23	34
TOTALS	11	24	0	0	0	0	0	0	11	24	35

VI AT THE GLEN
2401 INDIGO LANE
GLENVIEW, IL. 60026

Classification Numbers

License Number	6015689	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	0	0	0	33	0	35
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	0	0	0	33	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	336	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	35	0	0	0	35

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	0	35
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	0	35

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	8.50
LPN's	0.80
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	44.40

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
39.6%	0.0%	0.0%	2.8%	57.6%	100.0%		
1,120,861	0	0	80,065	1,629,248	2,830,174	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

VICTORIAN MANOR
815 E. VINE
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6009575
Health Service Area 003 Planning Service Area 021

Administrator
Anna Brackenbush

Contact Person and Telephone
ANNA BRACKENBUSH
217-710-3195

Date Completed
3/31/2014

Registered Agent Information
Anna Brackenbush
PO Box 640
Panama, IL 62077

Building	Reported Age
Building 1 Victorian Manor	30
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	2
Total Discharges 2013	2
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5451	93.3%	0	0	0	0	5451	93.3%	93.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5451	93.3%	0	0	0	0	5451	93.3%	93.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	6	2	0	0	6	2	8
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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	8	8	0	0	8	8	16

VICTORIAN MANOR
815 E. VINE
TAYLORVILLE, IL. 62568

Classification Numbers

License Number	6009575	
Health Service Area	003	
Planning Service Area	021	Christian

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	118	118
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.60
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	9.00
Other Health Staff	0.80
Non-Health Staff	0.16
Totals	10.56

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%	83.3%	0.0%	0.0%	16.7%	100.0%		
0	553,818	0	0	111,202	665,020	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

VILLA HEALTH CARE EAST
100 MARIAN PARKWAY
SHERMAN, IL. 62684

Reference Numbers Facility ID 6012991
Health Service Area 003 Planning Service Area 167

Administrator
Sharon Herpstreith

Contact Person and Telephone
Rabecca Howard
800-397-1313

Date Completed
4/2/2013

Registered Agent Information
James Williamson
313 Saratoga Chase
Sherman, IL 62684

Building	Reported Age
Building 1 100 Marian Parkway	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	86
Total Admissions 2013	209
Total Discharges 2013	207
Residents on 12/31/2013	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	46
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	99	99	99	88	11	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	88	11	99	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6772	18.7%	11567	32.0%	0	8	14447	0	32794	90.8%	90.8%
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	6772	18.7%	11567	32.0%	0	8	14447	0	32794	90.8%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	15	47	0	0	0	0	0	0	15	47	62
TOTALS	20	68	0	0	0	0	0	0	20	68	88

VILLA HEALTH CARE EAST
100 MARIAN PARKWAY
SHERMAN, IL. 62684

Classification Numbers

License Number	6012991	
Health Service Area	003	
Planning Service Area	167	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	27	0	1	44	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	27	0	1	44	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	12.00
Certified Aides	48.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	98.00

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
46.0%	17.6%	0.0%	0.0%	36.4%	100.0%		
3,327,515	1,274,358	0	1,736	2,637,352	7,240,961	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

VINTAGE
709 CAMBRIDGE LANE
SHOREWOOD, IL. 60404

Reference Numbers Facility ID 6013569
Health Service Area 009 Planning Service Area 197

Administrator
Peggy Peterson

Contact Person and Telephone
Peggy Peterson
815-741-7038

Date Completed
3/20/2014

Registered Agent Information
Cornerstone Services, Inc.
777 Joyce Road
Joliet, IL 60436

Building		Reported Age
Building 1	709 Cambridge	20
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	3
Total Admissions 2013	1
Total Discharges 2013	0
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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	4

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			1452	99.5%	0	0	0	0	1452	99.5%	99.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1452	99.5%	0	0	0	0	1452	99.5%	99.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	2	0	0	0	2	2
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	0	4	0	0	0	4	4

VINTAGE
709 CAMBRIDGE LANE
SHOREWOOD, IL. 60404

Classification Numbers

License Number	6013569	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	189	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	0.00
Other Health Staff	5.75
Non-Health Staff	4.25
Totals	10.50

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%	80.3%	0.0%	0.0%	19.7%	100.0%		
0	182,376	0	0	44,882	227,258	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WABASH CHRISTIAN RETIREMENT
216 COLLEGE BOULEVARD
CARMI, IL. 62821

Reference Numbers Facility ID 6009674
Health Service Area 005 Planning Service Area 193

Administrator
Sandra Bryant

Contact Person and Telephone
Susan McGhee
314-587-7903

Date Completed
3/18/2014

Registered Agent Information
Timothy Phillippe
622 Emerson Road, Suite 310
St. Louis, MO 63141

Continuing Care Retirement Community
Life Care Facility

Building		Reported Age
Building 1	Original Building (wings 1-4)	56
Building 2	Addition (wings 5-9)	46
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	139
Total Admissions 2013	259
Total Discharges 2013	267
Residents on 12/31/2013	131

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	8
Mental Illness	7
Developmental Disability	0
Circulatory System	38
Respiratory System	14
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	33
Injuries and Poisonings	1
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	131

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	156	155	142	154	131	25	158	152
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	156	155	142	154	131	25	158	152

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8378	14.5%	25497	46.0%	0	348	13008	0	47231	82.9%	83.5%
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	8378	14.5%	25497	46.0%	0	348	13008	0	47231	82.9%	83.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	5	2	0	0	0	0	0	0	5	2	7
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	8	27	0	0	0	0	0	0	8	27	35
85+	13	61	0	0	0	0	0	0	13	61	74
TOTALS	32	99	0	0	0	0	0	0	32	99	131

WABASH CHRISTIAN RETIREMENT
216 COLLEGE BOULEVARD
CARMI, IL. 62821

Classification Numbers

License Number	6009674	
Health Service Area	005	
Planning Service Area	193	White

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	71	0	0	35	0	131
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	71	0	0	35	0	131

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	124	174
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	130	0	0	0	130
Race Unknown	0	0	0	0	0
Total	131	0	0	0	131

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	131	0	0	0	131
Ethnicity Unknown	0	0	0	0	0
Total	131	0	0	0	131

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	17.00
Certified Aides	56.00
Other Health Staff	0.00
Non-Health Staff	47.00
Totals	136.00

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
44.6%	31.9%	0.0%	2.7%	20.9%	100.0%		
4,105,142	2,933,188	0	247,918	1,922,726	9,208,974	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WALKER NURSING HOME
530 EAST BEARDSTOWN STREET
VIRGINIA, IL. 62691

Reference Numbers Facility ID 6009682
Health Service Area 003 Planning Service Area 017

Administrator
Mary White

Contact Person and Telephone
RACHEL WHITE
217-452-3218

Date Completed
3/17/2014

Registered Agent Information
John Leahy
407 E Adams
Springfield, IL 62701

Building		Reported Age
Building 1	North Wing	42
Building 2	East Wing	39
Building 3	North East Wing	29
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	49
Total Admissions 2013	34
Total Discharges 2013	41
Residents on 12/31/2013	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	14
Mental Illness	1
Developmental Disability	1
Circulatory System	9
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	71	58	52	56	42	29	71	71
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	71	58	52	56	42	29	71	71

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1371	5.3%	10448	40.3%	0	477	5152	0	17448	67.3%	82.4%
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	1371	5.3%	10448	40.3%	0	477	5152	0	17448	67.3%	82.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	4	21	0	0	0	0	0	0	4	21	25
TOTALS	10	32	0	0	0	0	0	0	10	32	42

WALKER NURSING HOME
530 EAST BEARDSTOWN STREET
VIRGINIA, IL. 62691

Classification Numbers

License Number	6009682	
Health Service Area	003	
Planning Service Area	017	Cass

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	24	0	1	13	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	24	0	1	13	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	1	0	0	0	1
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	41	0	0	0	41
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	12.00
Other Health Staff	10.00
Non-Health Staff	0.00
Totals	35.00

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
20.9%	46.1%	0.0%	5.7%	27.4%	100.0%		
597,299	1,318,090	0	162,389	782,500	2,860,278	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WALNUT GROVE VILLAGE
1095 TWILIGHT DRIVE
MORRIS, IL. 60450

Reference Numbers Facility ID 6011381
Health Service Area 009 Planning Service Area 063

Administrator
MELODY STEIN

Contact Person and Telephone
MELODY STEIN

Registered Agent Information **Date Completed** 4/4/2014

Life Care Facility

Building	Reported Age
Building 1 Main Building	26
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	100
Total Admissions 2013	168
Total Discharges 2013	163
Residents on 12/31/2013	105

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	26
Respiratory System	13
Digestive System	5
Genitourinary System Disorders	9
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	11
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	105

Total Residents Diagnosed as Mentally Ill 15

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	123	123	108	123	105	18	59	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	123	123	108	123	105	18	59	99

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6179	28.7%	18732	51.8%	1263	364	9539	0	36077	80.4%	80.4%
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	6179	28.7%	18732	51.8%	1263	364	9539	0	36077	80.4%	80.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	3	11	0	0	0	0	0	0	3	11	14
75 to 84	10	20	0	0	0	0	0	0	10	20	30
85+	11	38	0	0	0	0	0	0	11	38	49
TOTALS	30	75	0	0	0	0	0	0	30	75	105

WALNUT GROVE VILLAGE
1095 TWILIGHT DRIVE
MORRIS, IL. 60450

Classification Numbers

License Number	6011381	
Health Service Area	009	
Planning Service Area	063	Grundy

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	50	3	1	29	0	105
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	50	3	1	29	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	171
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	1	0	0	0	1
White	104	0	0	0	104
Race Unknown	0	0	0	0	0
Total	105	0	0	0	105

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	105	0	0	0	105
Ethnicity Unknown	0	0	0	0	0
Total	105	0	0	0	105

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	16.00
Certified Aides	49.00
Other Health Staff	6.00
Non-Health Staff	27.00
Totals	114.00

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
41.8%	32.7%	2.4%	2.2%	21.0%	100.0%		
3,127,455	2,444,110	176,328	162,886	1,572,202	7,482,981	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WALNUT MANOR NURSING HOME
308 SOUTH SECOND STREET
WALNUT, IL. 61376

Reference Numbers Facility ID 6009690
Health Service Area 002 Planning Service Area 011

Administrator
Dennis L. Grobe

Contact Person and Telephone
Rabecca Howard

Date Completed
4/3/2014

Registered Agent Information
Ben Hart
115 W. Jefferson St.
Bloomington, IL 61701

Building	Reported Age
Building 1 Walnut Manor	40
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	49
Total Admissions 2013	74
Total Discharges 2013	72
Residents on 12/31/2013	51

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	0
Digestive System	11
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	51

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	62	62	56	62	51	11	0	62
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	62	62	56	62	51	11	0	62

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1577	0.0%	9843	43.5%	0	0	6977	0	18397	81.3%	81.3%
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	1577	0.0%	9843	43.5%	0	0	6977	0	18397	81.3%	81.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	6	0	0	0	0	0	0	0	6	6
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	5	29	0	0	0	0	0	0	5	29	34
TOTALS	7	44	0	0	0	0	0	0	7	44	51

WALNUT MANOR NURSING HOME
308 SOUTH SECOND STREET
WALNUT, IL. 61376

Classification Numbers

License Number	6009690	
Health Service Area	002	
Planning Service Area	011	Bureau/Putnam

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	25	0	0	23	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	25	0	0	23	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	0	51

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	8.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	32.00
Totals	75.00

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
28.6%	33.4%	0.0%	0.0%	38.0%	100.0%		
884,513	1,034,011	0	0	1,174,761	3,093,285	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WALSH TERRACE
2016 WINDISH DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6009708
Health Service Area 002 Planning Service Area 095

Administrator
Tiffany Lair

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Walsh Terrace	26
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	3
Total Discharges 2013	3
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4036	69.1%	0	0	0	0	4036	69.1%	69.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4036	69.1%	0	0	0	0	4036	69.1%	69.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	1	0	0	0	1	1
18 to 44	0	0	0	0	1	2	0	0	1	2	3
45 to 59	0	0	0	0	7	0	0	0	7	0	7
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	2	1	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	0	0	0	0	12	4	0	0	12	4	16

WALSH TERRACE
2016 WINDISH DRIVE
GALESBURG, IL. 61401

Classification Numbers

License Number	6009708	
Health Service Area	002	
Planning Service Area	095	Knox

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	113
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	78.1%	1.7%	0.0%	20.2%	100.0%		
0	470,092	10,265	0	121,789	602,146	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WALTER J LAWSON MEMORIAL HOME
1820 WALTER LAWSON DRIVE
ROCKFORD, IL. 61111

Reference Numbers Facility ID 6009716
Health Service Area 001 Planning Service Area 201

Administrator
MELISSA A. THORNBLOOM

Contact Person and Telephone
MELISSA A. THORNBLOOM
815-633-6636

Date Completed
3/13/2014

Registered Agent Information
CT Corporation
36 East 7th Street - Team 1, Ste. 2400
Cincinnati, OH 45202

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	94
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	94

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	42
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	92
Total Admissions 2013	8
Total Discharges 2013	6
Residents on 12/31/2013	94

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	99	99	95	99	94	5		93
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	95	99	94	5	0	93

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			34554	######	0	0	0	0	34554	95.6%	95.6%
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	0	0.0%	34554	######	0	0	0	0	34554	95.6%	95.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	22	10	0	0	0	0	22	10	32
18 to 44	0	0	36	25	0	0	0	0	36	25	61
45 to 59	0	0	0	1	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	58	36	0	0	0	0	58	36	94

WALTER J LAWSON MEMORIAL HOME
1820 WALTER LAWSON DRIVE
ROCKFORD, IL. 61111

Classification Numbers

License Number	6009716	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	94	0	0	0	0	94
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	94	0	0	0	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	250	179
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	1	0	0	1
American Indian	0	1	0	0	1
Black	0	16	0	0	16
Hawaiian/Pacific Isl.	0	2	0	0	2
White	0	67	0	0	67
Race Unknown	0	7	0	0	7
Total	0	94	0	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	6	0	0	6
Non-Hispanic	0	88	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	0	94	0	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	11.00
Certified Aides	87.75
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	136.75

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%	74.7%	25.3%	0.0%	0.0%	100.0%		
0	6,616,590	2,243,488	0	0	8,860,078	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WARREN BARR LIVING & REHAB CENTER
66 WEST OAK STREET
CHICAGO, IL. 60610

Reference Numbers Facility ID 6004725
Health Service Area 006 Planning Service Area 602

Administrator
Kevin McInerney

Contact Person and Telephone
Kevin McInerney
312-705-6700

Date Completed
4/4/2014

Registered Agent Information
DANIEL GARDEN
7040 N RIDGEWAY AVE
Liincolnwood, IL 60712

Building		Reported Age
Building 1	WARREN BARR GOLD COAST	37
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	128
Total Admissions 2013	979
Total Discharges 2013	943
Residents on 12/31/2013	164

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	14
Endocrine/Metabolic	6
Blood Disorders	10
*Nervous System Non Alzheimer	7
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	39
Respiratory System	17
Digestive System	9
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	21
Injuries and Poisonings	10
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	164

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	271	197	170	197	164	107	271	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	271	197	170	197	164	107	271	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	20675	20.9%	14161	0.0%	0	3981	10122	0	48939	49.5%	68.1%
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	20675	20.9%	14161	0.0%	0	3981	10122	0	48939	49.5%	68.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	4	9	0	0	0	0	0	0	4	9	13
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	13	13	0	0	0	0	0	0	13	13	26
75 to 84	19	33	0	0	0	0	0	0	19	33	52
85+	25	43	0	0	0	0	0	0	25	43	68
TOTALS	63	101	0	0	0	0	0	0	63	101	164

WARREN BARR LIVING & REHAB CENTER
66 WEST OAK STREET
CHICAGO, IL. 60610

Classification Numbers

License Number	6004725	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	85	43	0	8	28	0	164
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	85	43	0	8	28	0	164

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	83	0	0	0	83
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	17	0	0	0	17
Total	164	0	0	0	164

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	147	0	0	0	147
Ethnicity Unknown	8	0	0	0	8
Total	164	0	0	0	164

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	21.00
Certified Aides	62.00
Other Health Staff	43.00
Non-Health Staff	31.00
Totals	189.00

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
67.9%	13.0%	0.0%	9.8%	9.3%	100.0%		
11,061,125	2,124,150	0	1,592,400	1,518,300	16,295,975	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WARREN PARK HEALTH & LIVING CENTER
6700 NORTH DAMEN AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID 6008262
Health Service Area 006 Planning Service Area 601

Administrator
Joshua Williams

Contact Person and Telephone
STACY BEAiRD
773-465-5000

Date Completed
4/4/2014

Registered Agent Information
Johnathan Stern
6700 North Damen
Chicago, IL 60645

Building		Reported Age
Building 1	Warren Park Health and Living C	44
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	121
Total Admissions 2013	52
Total Discharges 2013	56
Residents on 12/31/2013	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	11
Blood Disorders	5
*Nervous System Non Alzheimer	13
Alzheimer Disease	2
Mental Illness	56
Developmental Disability	1
Circulatory System	12
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	117

Total Residents Diagnosed as Mentally Ill 84

Total Residents Reported as Identified Offenders 17

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	127	127	121	127	117	10	51	127
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	127	127	121	127	117	10	51	127

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4653	25.0%	52658	######	0	0	344	0	57655	124.4%	124.4%
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	4653	25.0%	52658	######	0	0	344	0	57655	124.4%	124.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	6	0	0	0	0	0	0	10	6	16
45 to 59	32	19	0	0	0	0	0	0	32	19	51
60 to 64	13	10	0	0	0	0	0	0	13	10	23
65 to 74	8	7	0	0	0	0	0	0	8	7	15
75 to 84	3	6	0	0	0	0	0	0	3	6	9
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	67	50	0	0	0	0	0	0	67	50	117

WARREN PARK HEALTH & LIVING CENTER
6700 NORTH DAMEN AVENUE
CHICAGO, IL. 60645

Classification Numbers

License Number	6008262	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	113	0	0	0	0	117
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	113	0	0	0	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	40	0	0	0	40
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	21	0	0	0	21
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	11.00
Certified Aides	30.00
Other Health Staff	0.00
Non-Health Staff	17.00
Totals	62.00

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
22.1%	77.5%	0.0%	0.3%	0.1%	100.0%		
1,342,222	4,717,089	0	18,599	5,250	6,083,160	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WASHINGTON & JANE SMITH COMM.
2320 WEST 113TH PLACE
CHICAGO, IL. 60643

Reference Numbers Facility ID 6009732
Health Service Area 006 Planning Service Area 603

Administrator
Marti Jatis

Contact Person and Telephone
MARTI JATIS
773-474-7314

Date Completed
4/4/2014

Registered Agent Information
CT Corporation
208 S. Lasalle Street, Suite 814
Chicago, IL 60604

Continuing Care Retirement Community
Life Care Facility

Building		Reported Age
Building 1	Skilled Care	24
Building 2	Assisted Living	9
Building 3	Independent Living	7
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	97
Total Admissions 2013	207
Total Discharges 2013	213
Residents on 12/31/2013	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	25
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	3
Digestive System	14
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	26
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	100	100	97	100	91	9	100	100
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	97	100	91	9	100	100

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5960	16.3%	4495	12.3%	0	0	22944	0	33399	91.5%	91.5%
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	5960	16.3%	4495	12.3%	0	0	22944	0	33399	91.5%	91.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	4	13	0	0	0	0	0	0	4	13	17
85+	14	57	0	0	0	0	0	0	14	57	71
TOTALS	18	73	0	0	0	0	0	0	18	73	91

WASHINGTON & JANE SMITH COMM.
2320 WEST 113TH PLACE
CHICAGO, IL. 60643

Classification Numbers

License Number	6009732	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	9	0	0	60	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	9	0	0	60	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	243
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	1	0	0	0	1
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	89	0	0	0	89
Ethnicity Unknown	1	0	0	0	1
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	18.70
LPN's	11.80
Certified Aides	53.20
Other Health Staff	6.80
Non-Health Staff	103.00
Totals	197.50

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
28.3%	5.6%	0.0%	2.4%	63.8%	100.0%		
2,697,204	530,819	0	228,089	6,086,953	9,543,065	618,681	6.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	12/28/2012	Discontinued 1 Nursing Care bed; facility now has 100 Nursing Care beds.

WASHINGTON CHRISTIAN VILLAGE
1201 NEW CASTLE RD
WASHINGTON, IL. 61571

Reference Numbers Facility ID 6009740
Health Service Area 002 Planning Service Area 179

Administrator
Stacy Brenton

Contact Person and Telephone
Susan McGhee

Registered Agent Information **Date Completed** 3/21/2014

Continuing Care Retirement Community

Building		Reported Age
Building 1	Washington Christian Village	51
Building 2	Garden Homes Apartments	51
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	98
Total Admissions 2013	257
Total Discharges 2013	273
Residents on 12/31/2013	82

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	7
Mental Illness	5
Developmental Disability	0
Circulatory System	17
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	1
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	82

Total Residents Diagnosed as Mentally Ill 41

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	122	121	108	121	82	40	122	95
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	122	121	108	121	82	40	122	95

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7598	17.1%	16746	48.3%	0	1977	8430	0	34751	78.0%	78.7%
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	7598	17.1%	16746	48.3%	0	1977	8430	0	34751	78.0%	78.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	5	51	0	0	0	0	0	0	5	51	56
TOTALS	14	68	0	0	0	0	0	0	14	68	82

WASHINGTON CHRISTIAN VILLAGE
1201 NEW CASTLE RD
WASHINGTON, IL. 61571

Classification Numbers

License Number	6009740	
Health Service Area	002	
Planning Service Area	179	Tazewell

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	41	0	5	24	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	41	0	5	24	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	237	207
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	8.00
Certified Aides	42.00
Other Health Staff	6.00
Non-Health Staff	33.00
Totals	105.00

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
39.7%	25.6%	0.0%	12.6%	22.0%	100.0%		
3,374,584	2,177,075	0	1,072,957	1,866,149	8,490,765	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WASHINGTON COUNTY HOSPITAL
705 SOUTH GRAND AVENUE
NASHVILLE, IL. 62263

Reference Numbers Facility ID 6013288
Health Service Area 005 Planning Service Area 189

Administrator
Namcy M. Newby

Contact Person and Telephone
ELAINE MATZENBACHER

Registered Agent Information **Date Completed** 4/2/2014

Building		Reported Age
Building 1	Washington County Hospital	52
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	28
Total Admissions 2013	9
Total Discharges 2013	11
Residents on 12/31/2013	26

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	3
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	26

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	28	28	28	28	26	2	6	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	28	28	28	28	26	2	6	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	9951	0	9951	97.4%	97.4%
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	0	0.0%	0	0.0%	0	0	9951	0	9951	97.4%	97.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	3	19	0	0	0	0	0	0	3	19	22
TOTALS	5	21	0	0	0	0	0	0	5	21	26

WASHINGTON COUNTY HOSPITAL
705 SOUTH GRAND AVENUE
NASHVILLE, IL. 62263

Classification Numbers

License Number	6013288	
Health Service Area	005	
Planning Service Area	189	Washington

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	26	0	26
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	26	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	26	0	0	0	26
Race Unknown	0	0	0	0	0
Total	26	0	0	0	26

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	26	0	0	0	26
Ethnicity Unknown	0	0	0	0	0
Total	26	0	0	0	26

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	3.70
Certified Aides	10.40
Other Health Staff	0.50
Non-Health Staff	0.00
Totals	15.60

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%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	1,241,782	1,241,782	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WASSON STREET
205 EAST WASSON
AMBOY, IL. 61310

Reference Numbers Facility ID 6013627
Health Service Area 001 Planning Service Area 103

Administrator
Ron Heiderscheit

Contact Person and Telephone
Ron Heiderscheit
815-288-6691 ext. 269

Date Completed
3/26/2014

Registered Agent Information
Jeff Stauter
500 Anchor Road
Dixon, IL 61021

Building	Reported Age
Building 1 Wasson Group Home	21
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	4
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	4

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
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	4

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1460	######	0	0	0	0	1460	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1460	######	0	0	0	0	1460	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	1	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	0	0	0	0	1	3	0	0	1	3	4

WASSON STREET
205 EAST WASSON
AMBOY, IL. 61310

Classification Numbers

License Number	6013627	
Health Service Area	001	
Planning Service Area	103	Lee

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	255	215
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	1	0	1
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	3	0	3
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	0.25
LPN's	0.25
Certified Aides	4.50
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	6.50

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%	14.1%	85.1%	0.0%	0.8%	100.0%		
0	43,590	262,164	0	2,384	308,138	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WATERFRONT TERRACE
7750 SOUTH SHORE DRIVE
CHICAGO, IL. 60649

Reference Numbers Facility ID 6009757
Health Service Area 006 Planning Service Area 603

Administrator
Howard Alter

Contact Person and Telephone
HOWARD ALTER

Registered Agent Information **Date Completed** 3/27/2014

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	101
Total Admissions 2013	102
Total Discharges 2013	106
Residents on 12/31/2013	97

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System Non Alzheimer	20
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	9
Digestive System	5
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	97

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	118	118	118	118	97	21	118	118
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	118	118	118	118	97	21	118	118

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3938	9.1%	31502	73.1%	0	0	59	0	35499	82.4%	82.4%
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	3938	9.1%	31502	73.1%	0	0	59	0	35499	82.4%	82.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	4	0	0	0	0	0	0	0	4	4
60 to 64	22	14	0	0	0	0	0	0	22	14	36
65 to 74	4	31	0	0	0	0	0	0	4	31	35
75 to 84	7	7	0	0	0	0	0	0	7	7	14
85+	4	4	0	0	0	0	0	0	4	4	8
TOTALS	37	60	0	0	0	0	0	0	37	60	97

WATERFRONT TERRACE
7750 SOUTH SHORE DRIVE
CHICAGO, IL. 60649

Classification Numbers

License Number	6009757	
Health Service Area	006	
Planning Service Area	603	Planning Area 6-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	90	0	0	0	0	97
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	90	0	0	0	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	87	0	0	0	87
Hawaiian/Pacific Isl.	0	0	0	0	0
White	10	0	0	0	10
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	19.00
Certified Aides	40.00
Other Health Staff	7.00
Non-Health Staff	18.00
Totals	94.00

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
30.3%	67.1%	2.5%	0.0%	0.0%	100.0%		
2,201,092	4,870,250	180,972	0	2,160	7,254,474	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WATSEKA REHAB & HEALTH CARE CTR
715 EAST RAYMOND ROAD
WATSEKA, IL. 60970

Reference Numbers Facility ID 6009765
Health Service Area 004 Planning Service Area 075

Administrator
Karlie Brown

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/2/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building	Reported Age
Building 1 Watseka RHCC/Nursing Home	38
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	91
Total Admissions 2013	110
Total Discharges 2013	107
Residents on 12/31/2013	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	19
Mental Illness	10
Developmental Disability	5
Circulatory System	30
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 57

Total Residents Reported as Identified Offenders 4

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	123	113	110	109	94	29	23	123
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	123	113	110	109	94	29	23	123

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2050	24.4%	22744	50.7%	3030	117	6748	0	34689	77.3%	84.1%
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	2050	24.4%	22744	50.7%	3030	117	6748	0	34689	77.3%	84.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	1	0	0	0	0	0	0	3	1	4
45 to 59	6	2	0	0	0	0	0	0	6	2	8
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	12	15	0	0	0	0	0	0	12	15	27
85+	10	28	0	0	0	0	0	0	10	28	38
TOTALS	36	58	0	0	0	0	0	0	36	58	94

WATSEKA REHAB & HEALTH CARE CTR
715 EAST RAYMOND ROAD
WATSEKA, IL. 60970

Classification Numbers

License Number	6009765	
Health Service Area	004	
Planning Service Area	075	Iroquois

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	67	0	0	19	0	94
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	67	0	0	19	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	93	0	0	0	93
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	16.00
Certified Aides	37.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	63.00

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
20.3%	58.9%	2.1%	0.0%	18.7%	100.0%		
1,003,098	2,906,239	106,044	0	921,321	4,936,702	21,698	0.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WAUCONDA HEALTHCARE & REHAB
176 THOMAS COURT
WAUCONDA, IL. 60084

Reference Numbers Facility ID 6009435
Health Service Area 008 Planning Service Area 097

Administrator
Sandra Bernett

Contact Person and Telephone
Cheryl Hahn
847-526-5551

Date Completed
4/3/2014

Registered Agent Information
Christopher Vicere
5061 N Pulaski
Chicago, IL 60631

Building	Reported Age
Building 1 Wauconda Care	50
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	117
Total Admissions 2013	429
Total Discharges 2013	445
Residents on 12/31/2013	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	26
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	3
Musculo-skeletal Disorders	29
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	101

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	135	135	135	135	101	34	135	79
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	135	135	135	135	101	34	135	79

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9952	20.2%	16723	58.0%	0	1710	11176	0	39561	80.3%	80.3%
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	9952	20.2%	16723	58.0%	0	1710	11176	0	39561	80.3%	80.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	4	0	0	0	0	0	0	0	4	0	4
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	9	27	0	0	0	0	0	0	9	27	36
85+	7	41	0	0	0	0	0	0	7	41	48
TOTALS	26	75	0	0	0	0	0	0	26	75	101

WAUCONDA HEALTHCARE & REHAB
176 THOMAS COURT
WAUCONDA, IL. 60084

Classification Numbers

License Number	6009435	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	43	0	6	27	0	101
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	43	0	6	27	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	270	255
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	100	0	0	0	100
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	5.00
Certified Aides	58.00
Other Health Staff	10.00
Non-Health Staff	42.00
Totals	130.00

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
48.5%	22.5%	0.0%	5.4%	23.6%	100.0%		
5,636,491	2,622,584	0	623,912	2,748,526	11,631,513	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WAUKEGAN TERRACE
860 SOUTH LEWIS AVENUE
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6014229
Health Service Area 008 Planning Service Area 097

Administrator
Billie Callahan

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Waukegan Terrace	18
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	5
Total Admissions 2013	1
Total Discharges 2013	0
Residents on 12/31/2013	6

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
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	6

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			1825	83.3%	0	0	0	0	1825	83.3%	83.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1825	83.3%	0	0	0	0	1825	83.3%	83.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	4	1	0	0	4	1	5
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	4	2	0	0	4	2	6

WAUKEGAN TERRACE
860 SOUTH LEWIS AVENUE
WAUKEGAN, IL. 60085

Classification Numbers

License Number	6014229	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	211
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

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	398,046	0	0	0	398,046	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WAY-FAIR NURSING AND REHAB CENTER
305 N W 11TH STREET
FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6009815
Health Service Area 005 Planning Service Area 191

Administrator
Janet McCary

Contact Person and Telephone
Janet McCary

Registered Agent Information **Date Completed** 4/4/2014

Building	Reported Age
Building 1	58
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	84
Total Admissions 2013	182
Total Discharges 2013	185
Residents on 12/31/2013	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	35
Mental Illness	0
Developmental Disability	7
Circulatory System	3
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 3

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	104	104	92	104	81	23	104	104
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	104	104	92	104	81	23	104	104

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5040	13.3%	18578	48.9%	0	475	6915	0	31008	81.7%	81.7%
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	5040	13.3%	18578	48.9%	0	475	6915	0	31008	81.7%	81.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	8	8	0	0	0	0	0	0	8	8	16
75 to 84	8	16	0	0	0	0	0	0	8	16	24
85+	9	26	0	0	0	0	0	0	9	26	35
TOTALS	25	56	0	0	0	0	0	0	25	56	81

WAY-FAIR NURSING AND REHAB CENTER
305 N W 11TH STREET
FAIRFIELD, IL. 62837

Classification Numbers

License Number	6009815	
Health Service Area	005	
Planning Service Area	191	Wayne

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	49	0	1	19	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	49	0	1	19	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	127
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.00
Certified Aides	35.00
Other Health Staff	10.00
Non-Health Staff	39.00
Totals	99.00

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
40.9%	39.7%	0.0%	1.2%	18.2%	100.0%		
2,207,552	2,141,461	0	66,215	984,787	5,400,015	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESLEY PLACE
1415 WEST FOSTER AVENUE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6006100
Health Service Area 006 Planning Service Area 601

Administrator
E.D. Barnett

Contact Person and Telephone
E.D. Barnett
773-596-2238

Date Completed
4/4/2014

Registered Agent Information

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	56
Total Admissions 2013	271
Total Discharges 2013	265
Residents on 12/31/2013	62

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	108	92	76	92	62	46	108	57
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	108	92	76	92	62	46	108	57

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6045	15.3%	8214	39.5%	0	1088	6920	324	22591	57.3%	67.3%
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	6045	15.3%	8214	39.5%	0	1088	6920	324	22591	57.3%	67.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	9	7	0	0	0	0	0	0	9	7	16
85+	31	3	0	0	0	0	0	0	31	3	34
TOTALS	48	14	0	0	0	0	0	0	48	14	62

WESLEY PLACE
1415 WEST FOSTER AVENUE
CHICAGO, IL. 60640

Classification Numbers

License Number	6006100	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	21	0	4	24	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	21	0	4	24	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	253	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	4	0	0	0	4
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	2.00
Certified Aides	36.00
Other Health Staff	1.00
Non-Health Staff	42.00
Totals	95.00

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
52.5%	21.0%	0.0%	6.4%	20.1%	100.0%		
3,411,417	1,365,789	0	417,889	1,303,108	6,498,203	72,232	1.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	12/12/2012	Formerly Methodist Home.

WESLEY VILLAGE
1200 EAST GRANT STREET
MACOMB, IL. 61455

Reference Numbers Facility ID 6009864
Health Service Area 002 Planning Service Area 109

Administrator
SHELLY L. WARD

Contact Person and Telephone
SHELLY L. WARD
309-833-2123

Date Completed
4/1/2014

Registered Agent Information
John Hamilton Martin
425 S. Randolph
Macomb, IL 61455

Continuing Care Retirement Community
Life Care Facility

Building		Reported Age
Building 1	Health Care Center	0
Building 2	Rehab/Memory Care	0
Building 3	Retirement Center	0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	66
Total Admissions 2013	149
Total Discharges 2013	147
Residents on 12/31/2013	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	9
Mental Illness	28
Developmental Disability	1
Circulatory System	8
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	68

Total Residents Diagnosed as Mentally Ill 55

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	73	72	72	72	68	5	73	73
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	73	72	72	72	68	5	73	73

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3094	11.6%	7071	26.5%	0	0	14100	0	24265	91.1%	92.3%
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	3094	11.6%	7071	26.5%	0	0	14100	0	24265	91.1%	92.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	10	44	0	0	0	0	0	0	10	44	54
TOTALS	16	52	0	0	0	0	0	0	16	52	68

WESLEY VILLAGE
1200 EAST GRANT STREET
MACOMB, IL. 61455

Classification Numbers

License Number	6009864	
Health Service Area	002	
Planning Service Area	109	McDonough

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	17	0	0	43	0	68
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	17	0	0	43	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	68	0	0	0	68
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	1	0	0	0	1
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	12.00
Certified Aides	39.00
Other Health Staff	5.00
Non-Health Staff	21.00
Totals	87.00

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
30.7%	18.2%	0.0%	0.0%	51.1%	100.0%		
1,392,998	825,692	0	0	2,320,949	4,539,639	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WEST CHICAGO TERRACE NURSING HOME
928 JOLIET ROAD
WEST CHICAGO, IL. 60185

Reference Numbers Facility ID 6009872
Health Service Area 007 Planning Service Area 703

Administrator
Amy Wallace

Contact Person and Telephone
Amy wallace
630-231-9292

Date Completed
4/3/2014

Registered Agent Information
Tom Hein
1S443 Summit Ave., Suite 204
OakBrook Terrace, IL 60181

Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	117
Total Admissions 2013	101
Total Discharges 2013	99
Residents on 12/31/2013	119

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	107
Developmental Disability	0
Circulatory System	2
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	119

Total Residents Diagnosed as Mentally Ill 107

Total Residents Reported as Identified Offenders 13

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	120	120	119	1	0	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	120	120	119	1	0	120

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	40606	92.7%	1114	0	1038	0	42758	97.6%	97.6%
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	0	0.0%	40606	92.7%	1114	0	1038	0	42758	97.6%	97.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	15	8	0	0	0	0	0	0	15	8	23
45 to 59	33	23	0	0	0	0	0	0	33	23	56
60 to 64	9	10	0	0	0	0	0	0	9	10	19
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	1	3	0	0	0	0	0	0	1	3	4
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	64	55	0	0	0	0	0	0	64	55	119

WEST CHICAGO TERRACE NURSING HOME
928 JOLIET ROAD
WEST CHICAGO, IL. 60185

Classification Numbers

License Number	6009872	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	116	0	0	3	0	119
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	116	0	0	3	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	132	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	15	0	0	0	15
Total	119	0	0	0	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	10	0	0	0	10
Ethnicity Unknown	103	0	0	0	103
Total	119	0	0	0	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	6.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	6.00
Certified Aides	34.00
Other Health Staff	7.00
Non-Health Staff	38.00
Totals	98.00

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
0.0%	96.9%	0.0%	0.0%	3.1%	100.0%		
0	4,305,482	0	0	136,497	4,441,979	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	6/27/2012	Formerly 'West Chicago Terrace'.
CHOW	6/27/2012	Change of ownership occurred.

WEST GROVE
R.R. 1 BOX 417
LAWRENCEVILLE, IL. 62439

Reference Numbers Facility ID 6011423
Health Service Area 005 Planning Service Area 101

Administrator
Deanna R. Gillis

Contact Person and Telephone
rhonda harris
618-533-3061

Date Completed
3/28/2013

Registered Agent Information
James Stout
324 Main Street
Bridgeport, IL 62417

Building	Reported Age
Building 1 Westgrove	15
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	13
Total Admissions 2013	1
Total Discharges 2013	1
Residents on 12/31/2013	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
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	13

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	13	3	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4554	78.0%	0	0	0	0	4554	78.0%	78.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4554	78.0%	0	0	0	0	4554	78.0%	78.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	4	0	0	1	4	5
45 to 59	0	0	0	0	4	4	0	0	4	4	8
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	5	8	0	0	5	8	13

WEST GROVE
R.R. 1 BOX 417
LAWRENCEVILLE, IL. 62439

Classification Numbers

License Number	6011423	
Health Service Area	005	
Planning Service Area	101	Lawrence

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	110
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.30
LPN's	0.00
Certified Aides	8.00
Other Health Staff	2.00
Non-Health Staff	2.00
Totals	12.80

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	481,562	0	0	0	481,562	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WEST SUBURBAN HOSPITAL & MEDICAL CENTE
ERIE AT AUSTIN
OAK PARK, IL. 60302

Reference Numbers Facility ID 6013478
Health Service Area 007 Planning Service Area 704

Administrator
Sherry Worman

Contact Person and Telephone
Sherry Worman
708-763-6018

Date Completed
4/4/2014

Registered Agent Information
National Registered Agents, Inc
200 West Adams Street
Chicago, IL 60606

Building		Reported Age
Building 1	West Suburban Med Ctr	100
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	23
Total Admissions 2013	721
Total Discharges 2013	711
Residents on 12/31/2013	33

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	33

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	50	50	38	50	33	17	50	26
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	50	50	38	50	33	17	50	26

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8184	44.8%	0	0.0%	0	3057	0	0	11241	61.6%	61.6%
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	8184	44.8%	0	0.0%	0	3057	0	0	11241	61.6%	61.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	7	6	0	0	0	0	0	0	7	6	13
85+	0	5	0	0	0	0	0	0	0	5	5
TOTALS	15	18	0	0	0	0	0	0	15	18	33

WEST SUBURBAN HOSPITAL & MEDICAL CENTE
ERIE AT AUSTIN
OAK PARK, IL. 60302

Classification Numbers

License Number	6013478	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	0	0	7	0	0	33
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	0	0	7	0	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	994	994
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pacific Isl.	0	0	0	0	0
White	7	0	0	0	7
Race Unknown	0	0	0	0	0
Total	33	0	0	0	33

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	33	0	0	0	33
Ethnicity Unknown	0	0	0	0	0
Total	33	0	0	0	33

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	0.00
Certified Aides	16.00
Other Health Staff	2.00
Non-Health Staff	6.00
Totals	58.00

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
73.0%	0.0%	0.0%	27.0%	0.0%	100.0%		
4,127,459	0	0	1,530,010	0	5,657,469	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WEST SUBURBAN NURSING & REHAB CENTER
311 EDGEWATER DRIVE
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6001002
Health Service Area 007 Planning Service Area 703

Administrator
JUVENAL JAY GONZALEZ

Contact Person and Telephone
JUVENAL JAY GONZALEZ
630-894-7400

Date Completed
3/26/2014

Registered Agent Information
David Gross
150 Fencl Lane
Hillside, IL 60162

Life Care Facility

Building		Reported Age
Building 1	Main Building	40
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	182
Total Admissions 2013	188
Total Discharges 2013	185
Residents on 12/31/2013	185

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	11
Blood Disorders	2
*Nervous System Non Alzheimer	30
Alzheimer Disease	14
Mental Illness	5
Developmental Disability	1
Circulatory System	26
Respiratory System	20
Digestive System	4
Genitourinary System Disorders	22
Skin Disorders	0
Musculo-skeletal Disorders	30
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	185

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	259	259	196	259	185	74	30	259
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	259	259	196	259	185	74	30	259

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8442	77.1%	54781	57.9%	0	211	3915	0	67349	71.2%	71.2%
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	8442	77.1%	54781	57.9%	0	211	3915	0	67349	71.2%	71.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	3	0	0	0	0	0	0	2	3	5
45 to 59	16	12	0	0	0	0	0	0	16	12	28
60 to 64	11	10	0	0	0	0	0	0	11	10	21
65 to 74	14	20	0	0	0	0	0	0	14	20	34
75 to 84	14	29	0	0	0	0	0	0	14	29	43
85+	10	44	0	0	0	0	0	0	10	44	54
TOTALS	67	118	0	0	0	0	0	0	67	118	185

WEST SUBURBAN NURSING & REHAB CENTER
311 EDGEWATER DRIVE
BLOOMINGDALE, IL. 60108

Classification Numbers

License Number	6001002	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	147	0	1	14	0	185
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	147	0	1	14	0	185

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	15	0	0	0	15
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	158	0	0	0	158
Race Unknown	0	0	0	0	0
Total	185	0	0	0	185

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	176	0	0	0	176
Ethnicity Unknown	0	0	0	0	0
Total	185	0	0	0	185

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	18.00
Certified Aides	50.00
Other Health Staff	8.00
Non-Health Staff	35.00
Totals	131.00

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
33.9%	59.0%	0.0%	0.7%	6.5%	100.0%		
4,507,358	7,851,162	0	93,501	861,084	13,313,105	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTBURY CARE CENTER
1800 ROBIN LANE
LISLE, IL. 60532

Reference Numbers Facility ID 6014955
Health Service Area 007 Planning Service Area 703

Administrator
Renee Bogard

Contact Person and Telephone
Renee Bogard
630-810-0500

Date Completed
3/31/2014

Registered Agent Information

Continuing Care Retirement Community
Life Care Facility

Building		Reported Age
Building 1	Westbury Care Center/Skilled &	14
Building 2	Devonshire of Lisle/Independent	24
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	75
Total Admissions 2013	260
Total Discharges 2013	263
Residents on 12/31/2013	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	55	55	55	55	46	9	55	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	27	27	27	27	26	1		
TOTAL BEDS	82	82	82	82	72	10	55	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7371	36.7%	0	0.0%	0	780	8871	0	17022	84.8%	84.8%
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	9388	0	9388	95.3%	95.3%
TOTALS	7371	36.7%	0	0.0%	0	780	18259	0	26410	88.2%	88.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	1	0	0	0	0	1	0	3	1	4
75 to 84	1	7	0	0	0	0	1	4	2	11	13
85+	13	22	0	0	0	0	6	14	19	36	55
TOTALS	16	30	0	0	0	0	8	18	24	48	72

WESTBURY CARE CENTER
1800 ROBIN LANE
LISLE, IL. 60532

Classification Numbers

License Number	6014955	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	0	0	1	24	0	46
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	26	0	26
TOTALS	21	0	0	1	50	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	274	249
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	214	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	26	71
Race Unknown	1	0	0	0	1
Total	46	0	0	26	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	45	0	0	26	71
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	26	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	10.00
Certified Aides	29.00
Other Health Staff	19.00
Non-Health Staff	17.00
Totals	82.00

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
45.2%	0.0%	0.0%	5.0%	49.8%	100.0%		
3,946,376	0	0	436,481	4,353,424	8,736,281	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTCHESTER HEALTH & REHAB.
2901 S. WOLF ROAD
WESTCHESTER, IL. 60154

Reference Numbers Facility ID 6012173
Health Service Area 007 Planning Service Area 704

Administrator
Martin Lee

Contact Person and Telephone
Martin Lee
708-531-1441

Date Completed
3/27/2014

Registered Agent Information
CT CORPORATE SYSTEMS
208 S. LA SALLE ST
Chicago, IL 60604

Life Care Facility

Building	Reported Age
Building 1	40
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	114
Total Admissions 2013	173
Total Discharges 2013	172
Residents on 12/31/2013	115

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	14
Digestive System	3
Genitourinary System Disorders	32
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	120	120	115	5	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	120	120	115	5	120	120

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	588	1.3%	2636	6.0%	161	68	180	0	3633	8.3%	8.3%
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	588	1.3%	2636	6.0%	161	68	180	0	3633	8.3%	8.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	13	21	0	0	0	0	0	0	13	21	34
85+	8	50	0	0	0	0	0	0	8	50	58
TOTALS	33	82	0	0	0	0	0	0	33	82	115

WESTCHESTER HEALTH & REHAB.
2901 S. WOLF ROAD
WESTCHESTER, IL. 60154

Classification Numbers

License Number	6012173	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	78	6	2	8	0	115
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	78	6	2	8	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	264	264
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	37	0	0	0	37
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	9	0	0	0	9
Total	115	0	0	0	115

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	19.00
Certified Aides	37.00
Other Health Staff	6.00
Non-Health Staff	23.00
Totals	92.00

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
32.2%	54.8%	3.6%	2.3%	7.0%	100.0%		
2,699,449	4,590,723	304,015	194,535	587,116	8,375,838	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTLAKE HOME
2090 WEST LAKE DRIVE
CARLYLE, IL. 62231

Reference Numbers Facility ID 6012652
Health Service Area 011 Planning Service Area 027

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217-398-0754 ext 13

Date Completed
4/1/2014

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

Building		Reported Age
Building 1		0
Building 2	2090 Westlake Dr Carlyle Illinois	25
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	12
Total Admissions 2013	0
Total Discharges 2013	2
Residents on 12/31/2013	10

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	10
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	10

Total Residents Diagnosed as Mentally Ill 9

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	12	16	10	6		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	12	16	10	6	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			3975	68.1%	0	0	0	0	3975	68.1%	68.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3975	68.1%	0	0	0	0	3975	68.1%	68.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	2	0	0	2	2	4
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	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	1	0	0	0	1	1
TOTALS	0	0	0	0	4	6	0	0	4	6	10

WESTLAKE HOME
2090 WEST LAKE DRIVE
CARLYLE, IL. 62231

Classification Numbers

License Number	6012652	
Health Service Area	011	
Planning Service Area	027	Clinton

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		10	0	0	0	0	10
Sheltered Care			0	0	0	0	0
TOTALS	0	10	0	0	0	0	10

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	138	138
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	8	0	8
Race Unknown	0	0	0	0	0
Total	0	0	10	0	10

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	10	0	10
Ethnicity Unknown	0	0	0	0	0
Total	0	0	10	0	10

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	9.75
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	9.75

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	452,341	0	0	0	452,341	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTMINSTER PLACE
3200 GRANT STREET
EVANSTON, IL. 60201

Reference Numbers Facility ID 6007603
Health Service Area 007 Planning Service Area 702

Administrator
Linda Dotson

Contact Person and Telephone
LINDA DOTSON
847-866-1650

Date Completed
3/25/2014

Registered Agent Information
John Burns
3200 Grant Street
Evanston, IL 60201

Continuing Care Retirement Community
Life Care Facility

Building			Reported Age
Building 1	McGaw Care Center	(certified	46
Building 2	Foster Pavilion	(interme	26
Building 3	Wright Manor	(shelter	31
Building 4			0
Building 5			0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	176
Total Admissions 2013	514
Total Discharges 2013	511
Residents on 12/31/2013	179

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	52
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	29
Respiratory System	7
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	41
Injuries and Poisonings	0
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	179

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	204	196	188	196	176	28	105	15
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	51	51	8	51	3	48		
TOTAL BEDS	255	247	196	247	179	76	105	15

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6254	16.3%	0	0.0%	0	0	55155	2434	63843	85.7%	89.2%
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	2920	0	2920	15.7%	15.7%
TOTALS	6254	16.3%	0	0.0%	0	0	58075	2434	66763	71.7%	74.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	10	12	0	0	0	0	0	0	10	12	22
85+	43	108	0	0	0	0	2	1	45	109	154
TOTALS	55	121	0	0	0	0	2	1	57	122	179

WESTMINSTER PLACE
3200 GRANT STREET
EVANSTON, IL. 60201

Classification Numbers

License Number	6007603	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	0	0	0	153	5	176
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	3	0	3
TOTALS	18	0	0	0	156	5	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	389	295
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	255	225

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	172	0	0	3	175
Race Unknown	0	0	0	0	0
Total	176	0	0	3	179

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	176	0	0	3	179
Ethnicity Unknown	0	0	0	0	0
Total	176	0	0	3	179

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.60
Director of Nursing	1.00
Registered Nurses	36.80
LPN's	5.60
Certified Aides	72.00
Other Health Staff	38.80
Non-Health Staff	7.00
Totals	162.80

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
17.3%	0.0%	0.0%	0.0%	82.7%	100.0%		
3,143,357	0	0	0	15,071,337	18,214,694	1,445,759	7.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTMINSTER VILLAGE
2025 EAST LINCOLN STREET
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6009922
Health Service Area 004 Planning Service Area 113

Administrator
Matt Riehle

Contact Person and Telephone
Matt Riehle
309-663-6474

Date Completed
3/28/2014

Registered Agent Information
Barbara Nathan
2025 E. Lincoln St.
Bloomington, IL 61701

Continuing Care Retirement Community

Building	Reported Age
Building 1 Westminster Village	34
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	56
Total Admissions 2013	182
Total Discharges 2013	178
Residents on 12/31/2013	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	21
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	78	78	64	78	60	18	39	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	78	78	64	78	60	18	39	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2823	19.8%	0	0.0%	0	0	18032	0	20855	73.3%	73.3%
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	2823	19.8%	0	0.0%	0	0	18032	0	20855	73.3%	73.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	7	0	0	0	0	0	0	0	7	7
85+	13	40	0	0	0	0	0	0	13	40	53
TOTALS	13	47	0	0	0	0	0	0	13	47	60

WESTMINSTER VILLAGE
2025 EAST LINCOLN STREET
BLOOMINGTON, IL. 61701

Classification Numbers

License Number	6009922	
Health Service Area	004	
Planning Service Area	113	McLean

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	0	0	0	53	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	0	0	0	53	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	289	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	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

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	8.00
Certified Aides	25.00
Other Health Staff	2.00
Non-Health Staff	6.00
Totals	53.00

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
17.5%	0.0%	0.0%	0.0%	82.5%	100.0%		
778,416	0	0	0	3,660,781	4,439,197	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTMONT NURSING AND REHABILITATION CT
6501 SOUTH CASS AVE.
WESTMONT, IL. 60559

Reference Numbers Facility ID 6009930
Health Service Area 007 Planning Service Area 703

Administrator
Josh Legum

Contact Person and Telephone
Josh Legum
630-960-2026

Date Completed
5/28/2014

Registered Agent Information
Avrum Weinfeld
6865 N Lincoln Ave
Liincolnwood, IL 60712

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	197
Total Admissions 2013	439
Total Discharges 2013	380
Residents on 12/31/2013	256

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	25
Blood Disorders	0
*Nervous System Non Alzheimer	25
Alzheimer Disease	60
Mental Illness	10
Developmental Disability	1
Circulatory System	15
Respiratory System	17
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	187

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	215	209	206	209	187	28	124	166
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	215	209	206	209	187	28	124	166

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9013	19.9%	48712	80.4%	940	39	10872	0	69576	88.7%	91.2%
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	9013	19.9%	48712	80.4%	940	39	10872	0	69576	88.7%	91.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	13	12	0	0	0	0	0	0	13	12	25
60 to 64	18	16	0	0	0	0	0	0	18	16	34
65 to 74	14	21	0	0	0	0	0	0	14	21	35
75 to 84	14	28	0	0	0	0	0	0	14	28	42
85+	6	45	0	0	0	0	0	0	6	45	51
TOTALS	65	122	0	0	0	0	0	0	65	122	187

WESTMONT NURSING AND REHABILITATION CT
6501 SOUTH CASS AVE.
WESTMONT, IL. 60559

Classification Numbers

License Number	6009930	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	111	30	0	30	0	187
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	111	30	0	30	0	187

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	183
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	0	0	0	0	0
Black	23	0	0	0	23
Hawaiian/Pacific Isl.	0	0	0	0	0
White	155	0	0	0	155
Race Unknown	0	0	0	0	0
Total	187	0	0	0	187

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	183	0	0	0	183
Ethnicity Unknown	0	0	0	0	0
Total	187	0	0	0	187

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	18.00
Certified Aides	54.00
Other Health Staff	13.00
Non-Health Staff	32.00
Totals	137.00

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
38.2%	48.4%	0.4%	1.4%	11.7%	100.0%		
5,434,001	6,886,506	49,834	195,338	1,665,803	14,231,482	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTSIDE REHAB & CARE CENTER
601 NORTH COLUMBIA
WEST FRANKFORT, IL. 62896

Reference Numbers Facility ID 6000194
Health Service Area 005 Planning Service Area 055

Administrator
Chris Ely

Contact Person and Telephone
Marikay Snyder
309-691-8113

Date Completed
4/2/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building	Reported Age
Building 1 Westside RHCC/Nursing Home	45
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	48
Total Admissions 2013	108
Total Discharges 2013	101
Residents on 12/31/2013	55

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	16
Blood Disorders	20
*Nervous System Non Alzheimer	0
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 2

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	96	68	58	68	55	41	96	96
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	96	68	58	68	55	41	96	96

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1937	5.5%	10584	30.2%	42	11	6026	0	18600	53.1%	74.9%
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	1937	5.5%	10584	30.2%	42	11	6026	0	18600	53.1%	74.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	2	0	0	0	0	0	0	0	2	0	2
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	10	3	0	0	0	0	0	0	10	3	13
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	3	13	0	0	0	0	0	0	3	13	16
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	26	29	0	0	0	0	0	0	26	29	55

WESTSIDE REHAB & CARE CENTER
601 NORTH COLUMBIA
WEST FRANKFORT, IL. 62896

Classification Numbers

License Number	6000194	
Health Service Area	005	
Planning Service Area	055	Franklin

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	29	0	0	21	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	29	0	0	21	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	95
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	27.00
Other Health Staff	3.00
Non-Health Staff	15.00
Totals	56.00

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
35.6%	40.2%	0.0%	0.1%	24.1%	100.0%		
821,169	925,895	0	2,587	555,897	2,305,548	5,181	0.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTWOOD MANOR
2444 WEST TOUHY AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID 6009955
Health Service Area 006 Planning Service Area 601

Administrator
DR. JOSEPH LIBERMAN, PHD

Contact Person and Telephone
DR. JOSEPH LIBERMAN PH.D.

Registered Agent Information **Date Completed** 4/4/2014

Building		Reported Age
Building 1	Main and only building	55
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	102
Total Admissions 2013	133
Total Discharges 2013	136
Residents on 12/31/2013	99

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	41
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	8
Mental Illness	10
Developmental Disability	0
Circulatory System	20
Respiratory System	10
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	99

Total Residents Diagnosed as Mentally Ill 94

Total Residents Reported as Identified Offenders 12

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	115	115	115	99	16	0	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	115	115	115	115	99	16	0	115

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	601	0.0%	35552	84.7%	0	0	41	0	36194	86.2%	86.2%
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	601	0.0%	35552	84.7%	0	0	41	0	36194	86.2%	86.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	8	6	0	0	0	0	0	0	8	6	14
45 to 59	18	16	0	0	0	0	0	0	18	16	34
60 to 64	10	11	0	0	0	0	0	0	10	11	21
65 to 74	9	11	0	0	0	0	0	0	9	11	20
75 to 84	5	4	0	0	0	0	0	0	5	4	9
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	50	49	0	0	0	0	0	0	50	49	99

WESTWOOD MANOR
2444 WEST TOUHY AVENUE
CHICAGO, IL. 60645

Classification Numbers

License Number	6009955	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	95	0	0	1	0	99
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	95	0	0	1	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pacific Isl.	3	0	0	0	3
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	99	0	0	0	99

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	99	0	0	0	99

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	5.00
Certified Aides	22.00
Other Health Staff	5.00
Non-Health Staff	17.00
Totals	55.00

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
6.1%	93.8%	0.0%	0.0%	0.1%	100.0%		
244,867	3,780,490	0	0	4,920	4,030,277	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WETHERELL PLACE
1026 NORTH MERCHANT STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6011431
Health Service Area 005 Planning Service Area 049

Administrator
Kathy Bruce

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/1/2014

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Building	Reported Age
Building 1 Wetherell Place	25
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	15
Total Admissions 2013	2
Total Discharges 2013	1
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5449	93.3%	0	0	0	0	5449	93.3%	93.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5449	93.3%	0	0	0	0	5449	93.3%	93.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	7	1	0	0	7	1	8
45 to 59	0	0	0	0	4	1	0	0	4	1	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	12	4	0	0	12	4	16

WETHERELL PLACE
1026 NORTH MERCHANT STREET
EFFINGHAM, IL. 62401

Classification Numbers

License Number	6011431	
Health Service Area	005	
Planning Service Area	049	Effingham

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	103
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	581,338	0	0	0	581,338	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WHEATON CARE CENTER
1325 MANCHESTER ROAD
WHEATON, IL. 60187

Reference Numbers Facility ID 6009963
Health Service Area 007 Planning Service Area 703

Administrator
David Taylor

Contact Person and Telephone
Ron Cournaya
847-905-3229

Date Completed
3/18/2014

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Building		Reported Age
Building 1	1325 Manchester Rd., Wheaton,	42
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	121
Total Admissions 2013	56
Total Discharges 2013	58
Residents on 12/31/2013	119

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	25
Alzheimer Disease	1
Mental Illness	18
Developmental Disability	1
Circulatory System	15
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	1
Other Medical Conditions	8
Non-Medical Conditions	20
TOTALS	119

Total Residents Diagnosed as Mentally Ill 109

Total Residents Reported as Identified Offenders 20

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	123	123	121	123	119	4	81	123
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	123	123	121	123	119	4	81	123

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2553	8.6%	37696	84.0%	0	0	1773	0	42022	93.6%	93.6%
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	2553	8.6%	37696	84.0%	0	0	1773	0	42022	93.6%	93.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	6	4	0	0	0	0	0	0	6	4	10
45 to 59	32	17	0	0	0	0	0	0	32	17	49
60 to 64	13	4	0	0	0	0	0	0	13	4	17
65 to 74	10	16	0	0	0	0	0	0	10	16	26
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	4	4	0	0	0	0	0	0	4	4	8
TOTALS	69	50	0	0	0	0	0	0	69	50	119

WHEATON CARE CENTER
1325 MANCHESTER ROAD
WHEATON, IL. 60187

Classification Numbers

License Number	6009963	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	110	0	0	4	0	119
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	110	0	0	4	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	0	0	0	0	0
Total	119	0	0	0	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	0	0	0	0	0
Total	119	0	0	0	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	53.00

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
19.5%	75.8%	0.0%	0.0%	4.7%	100.0%		
1,253,100	4,867,236	0	0	304,800	6,425,136	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WHISPERING OAKS
201 SPRING STREET
ROSICLARE, IL. 62982

Reference Numbers Facility ID 6012538
Health Service Area 005 Planning Service Area 069

Administrator
Jessica Hershey

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/2/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building	Reported Age
Building 1 Whispering Oaks Care Center/N	39
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	11
Total Admissions 2013	2
Total Discharges 2013	2
Residents on 12/31/2013	11

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
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	11

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	13	16	11	5		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	13	16	11	5	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			4250	72.8%	0	0	0	0	4250	72.8%	72.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4250	72.8%	0	0	0	0	4250	72.8%	72.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	1	0	0	1	1	2
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	2	1	0	0	2	1	3
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	5	0	0	6	5	11

WHISPERING OAKS
201 SPRING STREET
ROSICLARE, IL. 62982

Classification Numbers

License Number	6012538	
Health Service Area	005	
Planning Service Area	069	Hardin/Pope

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	104
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	8.00
Non-Health Staff	1.00
Totals	10.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	443,570	0	0	0	443,570	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WHITE HALL NURSING & REHAB CENTER, LLC
620 WEST BRIDGEPORT
WHITE HALL, IL. 62092

Reference Numbers Facility ID 6006597
Health Service Area 003 Planning Service Area 061

Administrator
Peggy S. Cole

Contact Person and Telephone
Gary F. Eye
716-972-2392

Date Completed
3/7/2014

Registered Agent Information
UNITED CORPORATE SERVICES, INC
901 S 2ND ST STE 201
Springfield, IL 62704

Building		Reported Age
Building 1	White Hall Nursing & Rehabilitati	41
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	88
Total Admissions 2013	121
Total Discharges 2013	115
Residents on 12/31/2013	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	68
Blood Disorders	4
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	10
Developmental Disability	0
Circulatory System	2
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	94

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	119	119	104	119	94	25	119	119
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	119	119	104	119	94	25	119	119

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4128	9.5%	25662	59.1%	250	213	4541	0	34794	80.1%	80.1%
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	4128	9.5%	25662	59.1%	250	213	4541	0	34794	80.1%	80.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	5	10	0	0	0	0	0	0	5	10	15
75 to 84	5	16	0	0	0	0	0	0	5	16	21
85+	11	35	0	0	0	0	0	0	11	35	46
TOTALS	28	66	0	0	0	0	0	0	28	66	94

WHITE HALL NURSING & REHAB CENTER, LLC
620 WEST BRIDGEPORT
WHITE HALL, IL. 62092

Classification Numbers

License Number	6006597	
Health Service Area	003	
Planning Service Area	061	Greene

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	67	0	0	14	0	94
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	67	0	0	14	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	142	129
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.08
LPN's	13.33
Certified Aides	38.24
Other Health Staff	10.15
Non-Health Staff	21.47
Totals	91.27

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
36.7%	49.4%	0.6%	0.6%	12.7%	100.0%		
1,841,388	2,476,896	28,980	28,850	636,528	5,012,642	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WHITE OAK REHAB & HEALTH CARE
1700 WEST WHITE STREET
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6004881
Health Service Area 005 Planning Service Area 081

Administrator
Beth Horton

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/4/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building	Reported Age
Building 1 White Oak RHCC/Nursing Home	43
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	52
Total Admissions 2013	118
Total Discharges 2013	117
Residents on 12/31/2013	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	2
Developmental Disability	1
Circulatory System	5
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 24

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	65	65	58	65	53	12	65	65
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	65	65	58	65	53	12	65	65

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4574	19.3%	10109	42.6%	840	426	2392	0	18341	77.3%	77.3%
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	4574	19.3%	10109	42.6%	840	426	2392	0	18341	77.3%	77.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	3	3	0	0	0	0	0	0	3	3	6
85+	7	16	0	0	0	0	0	0	7	16	23
TOTALS	24	29	0	0	0	0	0	0	24	29	53

WHITE OAK REHAB & HEALTH CARE
1700 WEST WHITE STREET
MOUNT VERNON, IL. 62864

Classification Numbers

License Number	6004881	
Health Service Area	005	
Planning Service Area	081	Jefferson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	29	1	0	5	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	29	1	0	5	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	7.00
Certified Aides	21.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	49.00

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
36.2%	51.2%	0.0%	0.1%	12.6%	100.0%		
832,844	1,177,358	0	1,376	289,359	2,300,937	17,253	0.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WHITEHALL- NORTH
300 WAUKEGAN ROAD
DEERFIELD, IL. 60015

Reference Numbers Facility ID 6010003
Health Service Area 008 Planning Service Area 097

Administrator
Jeremy Kanter

Contact Person and Telephone
Cindy Cohen
847-945-4600

Date Completed
4/4/2014

Registered Agent Information
Mark Hollander
300 Waukegan Road
Deerfield, IL 60015

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	148
Total Admissions 2013	1,510
Total Discharges 2013	1,514
Residents on 12/31/2013	144

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	9
Digestive System	9
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	31
Injuries and Poisonings	32
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	144

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	190	176	162	176	144	46	190	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	190	176	162	176	144	46	190	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	28565	41.2%	0	0.0%	0	3637	21275	0	53477	77.1%	83.2%
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	28565	41.2%	0	0.0%	0	3637	21275	0	53477	77.1%	83.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	5	12	0	0	0	0	0	0	5	12	17
75 to 84	11	24	0	0	0	0	0	0	11	24	35
85+	27	56	0	0	0	0	0	0	27	56	83
TOTALS	46	98	0	0	0	0	0	0	46	98	144

WHITEHALL- NORTH
300 WAUKEGAN ROAD
DEERFIELD, IL. 60015

Classification Numbers

License Number	6010003	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	78	0	0	10	56	0	144
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	78	0	0	10	56	0	144

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	360	285
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	138	0	0	0	138
Race Unknown	0	0	0	0	0
Total	144	0	0	0	144

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	142	0	0	0	142
Ethnicity Unknown	0	0	0	0	0
Total	144	0	0	0	144

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	37.00
LPN's	8.00
Certified Aides	75.00
Other Health Staff	35.00
Non-Health Staff	182.00
Totals	339.00

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
62.6%	0.0%	0.0%	5.9%	31.5%	100.0%		
15,057,410	0	0	1,423,838	7,587,933	24,069,181	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WILLOW CREST NURSING PAVILION
515 NORTH MAIN
SANDWICH, IL. 60548

Reference Numbers Facility ID 6008379
Health Service Area 001 Planning Service Area 037

Administrator
Pam Ingold

Contact Person and Telephone
PAM INGOLD
815-786-8426

Date Completed
4/10/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	102
Total Admissions 2013	232
Total Discharges 2013	234
Residents on 12/31/2013	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	79
Alzheimer Disease	17
Mental Illness	0
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	100

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	116	116	103	116	100	16	58	116
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	116	116	103	116	100	16	58	116

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5228	24.7%	20183	47.7%	0	0	8527	0	33938	80.2%	80.2%
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	5228	24.7%	20183	47.7%	0	0	8527	0	33938	80.2%	80.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	9	7	0	0	0	0	0	0	9	7	16
75 to 84	10	16	0	0	0	0	0	0	10	16	26
85+	7	40	0	0	0	0	0	0	7	40	47
TOTALS	34	66	0	0	0	0	0	0	34	66	100

WILLOW CREST NURSING PAVILION
515 NORTH MAIN
SANDWICH, IL. 60548

Classification Numbers

License Number	6008379	
Health Service Area	001	
Planning Service Area	037	DeKalb

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	62	0	0	24	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	62	0	0	24	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	5.00
Certified Aides	37.00
Other Health Staff	5.00
Non-Health Staff	14.00
Totals	72.00

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
44.2%	53.1%	0.0%	0.0%	2.6%	100.0%		
2,580,415	3,099,609	0	0	152,961	5,832,985	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WILLOW HOUSE
555 BURNHAM
UNIVERSITY PARK, IL. 60466

Reference Numbers Facility ID 6014559
Health Service Area 009 Planning Service Area 197

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217-398-0754 ext 13

Date Completed
4/3/2014

Registered Agent Information
Dave Krchak
30 E Main st
Champaign, IL 61821

Building		Reported Age
Building 1	555 Burnham university Park Illin	20
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	16

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
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	16

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	2	3	0	0	2	3	5
45 to 59	0	0	0	0	4	4	0	0	4	4	8
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	0	1	0	0	0	1	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	0	0	0	0	8	8	0	0	8	8	16

WILLOW HOUSE
555 BURNHAM
UNIVERSITY PARK, IL. 60466

Classification Numbers

License Number	6014559	
Health Service Area	009	
Planning Service Area	197	Will

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	220	220
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	7	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	14.00

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	1,076,924	0	0	0	1,076,924	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WILLOW ROSE REHAB & HEALTH CARE
410 FLETCHER
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6003842
Health Service Area 003 Planning Service Area 083

Administrator
Tammy Finkes

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/27/2014

Registered Agent Information
Marikay Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Building		Reported Age
Building 1	Willow Rose Health Care Center	40
Building 2		0
Building 3		0
Building 4		0
Building 5		0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	47
Total Admissions 2013	42
Total Discharges 2013	42
Residents on 12/31/2013	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	9
Developmental Disability	2
Circulatory System	20
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 17

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	98	98	54	98	47	51	98	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	54	98	47	51	98	98

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	952	2.7%	14279	39.9%	270	40	2731	0	18272	51.1%	51.1%
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	952	2.7%	14279	39.9%	270	40	2731	0	18272	51.1%	51.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	5	0	0	0	0	0	0	0	5	5
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	2	9	0	0	0	0	0	0	2	9	11
TOTALS	11	36	0	0	0	0	0	0	11	36	47

WILLOW ROSE REHAB & HEALTH CARE
410 FLETCHER
JERSEYVILLE, IL. 62052

Classification Numbers

License Number	6003842	
Health Service Area	003	
Planning Service Area	083	Jersey

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	38	0	0	8	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	38	0	0	8	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	58.00

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
9.1%	78.0%	0.0%	0.0%	12.9%	100.0%		
202,251	1,737,079	0	0	288,311	2,227,641	1,132	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WILLOWS HEALTH CARE
4054 ALBRIGHT LANE
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6010037
Health Service Area 001 Planning Service Area 201

Administrator
Debra Ford Adkins

Contact Person and Telephone
DEBRA ADKINS
815-316-1500

Date Completed
4/4/2013

Registered Agent Information
William T. Pratt
4141 N. Rockton Ave.
Rockford, IL 61103

Continuing Care Retirement Community
Life Care Facility

Building		Reported Age
Building 1	Willows Arbor	47
Building 2	Willows Health Care	40
Building 3	Willows Health Care -- Hunt Terr	27
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	233
Total Admissions 2013	345
Total Discharges 2013	339
Residents on 12/31/2013	239

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	15
Blood Disorders	3
*Nervous System Non Alzheimer	15
Alzheimer Disease	19
Mental Illness	39
Developmental Disability	0
Circulatory System	75
Respiratory System	25
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	30
Injuries and Poisonings	6
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	239

Total Residents Diagnosed as Mentally Ill 84

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	91	91	89	91	85	6	0	91
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	202	202	168	202	154	48		
TOTAL BEDS	293	293	257	293	239	54	0	91

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4140	0.0%	3454	10.4%	0	319	22266	0	30179	90.9%	90.9%
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	55778	0	55778	75.7%	75.7%
TOTALS	4140	0.0%	3454	10.4%	0	319	78044	0	85957	80.4%	80.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	2	0	2	2
65 to 74	0	3	0	0	0	0	0	1	0	4	4
75 to 84	11	13	0	0	0	0	12	25	23	38	61
85+	11	47	0	0	0	0	38	76	49	123	172
TOTALS	22	63	0	0	0	0	50	104	72	167	239

WILLOWS HEALTH CARE
4054 ALBRIGHT LANE
ROCKFORD, IL. 61103

Classification Numbers

License Number	6010037	
Health Service Area	001	
Planning Service Area	201	Winnebago

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	9	0	0	64	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	154	0	154
TOTALS	12	9	0	0	218	0	239

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	260	245
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	131	76

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	154	237
Race Unknown	1	0	0	0	1
Total	85	0	0	154	239

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	84	0	0	154	238
Ethnicity Unknown	1	0	0	0	1
Total	85	0	0	154	239

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	17.00
Certified Aides	91.00
Other Health Staff	8.00
Non-Health Staff	135.00
Totals	275.00

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
16.2%	2.3%	0.0%	1.2%	80.2%	100.0%		
2,464,238	356,262	0	188,729	12,201,680	15,210,909	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WILSON CARE
4544 NORTH HAZEL STREET
CHICAGO, IL. 60640

Reference Numbers Facility ID 6010045
Health Service Area 006 Planning Service Area 601

Administrator
AUGIE S. BELEY

Contact Person and Telephone
AUGIE S. BELEY
773-561-7241

Date Completed
3/31/2013

Registered Agent Information
THOMAS WINTER
6840 NORTH LINCOLN AVENUE
Skokie, IL 60712

Building		Reported Age
Building 1	N/A	0
Building 2	N/A	0
Building 3	N/A	0
Building 4	N/A	0
Building 5	N/A	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	173
Total Admissions 2013	112
Total Discharges 2013	132
Residents on 12/31/2013	153

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	153
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	153

Total Residents Diagnosed as Mentally Ill 153

Total Residents Reported as Identified Offenders 39

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	198	198	179	198	153	45	0	198
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	198	198	179	198	153	45	0	198

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	56989	78.9%	2613	0	619	0	60221	83.3%	83.3%
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	0	0.0%	56989	78.9%	2613	0	619	0	60221	83.3%	83.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	27	8	0	0	0	0	0	0	27	8	35
45 to 59	78	27	0	0	0	0	0	0	78	27	105
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	8	1	0	0	0	0	0	0	8	1	9
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	114	39	0	0	0	0	0	0	114	39	153

WILSON CARE
4544 NORTH HAZEL STREET
CHICAGO, IL. 60640

Classification Numbers

License Number	6010045	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	152	0	0	1	0	153
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	152	0	0	1	0	153

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	128
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	80	0	0	0	80
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	153	0	0	0	153

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	136	0	0	0	136
Ethnicity Unknown	0	0	0	0	0
Total	153	0	0	0	153

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	32.00
Other Health Staff	4.00
Non-Health Staff	45.00
Totals	93.00

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
0.0%	77.5%	0.0%	0.0%	22.5%	100.0%		
0	4,882,571	0	0	1,419,795	6,302,366	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WINCHESTER HOUSE NURSING HOME
1125 NORTH MILWAUKEE AVENUE
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6010052
Health Service Area 008 Planning Service Area 097

Administrator
Dewayne Tremain

Contact Person and Telephone
Dewayne Tremain
847-377-7212

Date Completed
4/3/2014

Registered Agent Information
County of lake
18 N County

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	160
Total Admissions 2013	245
Total Discharges 2013	243
Residents on 12/31/2013	162

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	41
Mental Illness	20
Developmental Disability	1
Circulatory System	26
Respiratory System	21
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	162

Total Residents Diagnosed as Mentally Ill 20

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	224	224	172	0	162	62	360	360
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	224	224	172	0	162	62	360	360

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6566	5.0%	37805	28.8%	0	0	11529	0	55900	68.4%	68.4%
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	6566	5.0%	37805	28.8%	0	0	11529	0	55900	68.4%	68.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	6	8	0	0	0	0	0	0	6	8	14
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	12	32	0	0	0	0	0	0	12	32	44
85+	10	74	0	0	0	0	0	0	10	74	84
TOTALS	36	126	0	0	0	0	0	0	36	126	162

WINCHESTER HOUSE NURSING HOME
1125 NORTH MILWAUKEE AVENUE
LIBERTYVILLE, IL. 60048

Classification Numbers

License Number	6010052	
Health Service Area	008	
Planning Service Area	097	Lake

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	116	0	0	28	0	162
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	116	0	0	28	0	162

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	2	0	0	0	2
White	148	0	0	0	148
Race Unknown	3	0	0	0	3
Total	162	0	0	0	162

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	160	0	0	0	160
Ethnicity Unknown	0	0	0	0	0
Total	162	0	0	0	162

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	10.00
Certified Aides	60.00
Other Health Staff	3.00
Non-Health Staff	45.00
Totals	134.00

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
40.7%	58.9%	0.0%	0.0%	0.3%	100.0%		
310,493,049	449,223,875	0	0	2,374,387	762,091,311	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WINDMILL NURSING PAVILION
16000 SOUTH WABASH
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6010078
Health Service Area 007 Planning Service Area 705

Administrator
Annmarie Harrington

Contact Person and Telephone
ANNMARIE HARRINGTON
708-339-0600

Date Completed
4/2/2014

Registered Agent Information
Ms Services
191 N. Wacker Drive, Suite 1800
Chicago, IL 60606

Building		Reported Age
Building 1	Windmill Nursing Pavilion, Ltd	40
Building 2		0
Building 3		0
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	117
Total Admissions 2013	61
Total Discharges 2013	71
Residents on 12/31/2013	107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	1
Developmental Disability	3
Circulatory System	38
Respiratory System	17
Digestive System	0
Genitourinary System Disorders	12
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	12
Other Medical Conditions	0
Non-Medical Conditions	11
TOTALS	107

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	150	150	150	107	43	150	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	150	150	107	43	150	150

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3531	6.4%	28722	52.5%	0	0	2809	0	35062	64.0%	64.0%
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	3531	6.4%	28722	52.5%	0	0	2809	0	35062	64.0%	64.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	3	13	0	0	0	0	0	0	3	13	16
75 to 84	4	22	0	0	0	0	0	0	4	22	26
85+	6	53	0	0	0	0	0	0	6	53	59
TOTALS	17	90	0	0	0	0	0	0	17	90	107

WINDMILL NURSING PAVILION
16000 SOUTH WABASH
SOUTH HOLLAND, IL. 60473

Classification Numbers

License Number	6010078	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	92	0	1	4	0	107
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	92	0	1	4	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	91	0	0	0	91
Hawaiian/Pacific Isl.	0	0	0	0	0
White	16	0	0	0	16
Race Unknown	0	0	0	0	0
Total	107	0	0	0	107

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	0	107

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	24.00
Certified Aides	48.00
Other Health Staff	14.00
Non-Health Staff	6.00
Totals	99.00

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
23.7%	67.9%	0.0%	3.9%	4.5%	100.0%		
1,696,975	4,850,355	0	281,402	318,952	7,147,684	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WINDSOR PARK MANOR
110 WINDSOR PARK DRIVE
CAROL STREAM, IL. 60188

Reference Numbers Facility ID 6011753
Health Service Area 007 Planning Service Area 703

Administrator
Karen Larson

Contact Person and Telephone
Janet Bland
630-510-5551

Date Completed
4/4/2014

Registered Agent Information

Continuing Care Retirement Community
Life Care Facility

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	47
Total Admissions 2013	250
Total Discharges 2013	252
Residents on 12/31/2013	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	20
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	5
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	77	70	77	60	20	32	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	77	70	77	60	20	32	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5167	44.2%	0	0.0%	0	379	16285	1614	23445	80.3%	83.4%
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	5167	44.2%	0	0.0%	0	379	16285	1614	23445	80.3%	83.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	4	2	0	0	0	0	0	0	4	2	6
85+	8	40	0	0	0	0	0	0	8	40	48
TOTALS	15	45	0	0	0	0	0	0	15	45	60

WINDSOR PARK MANOR
110 WINDSOR PARK DRIVE
CAROL STREAM, IL. 60188

Classification Numbers

License Number	6011753	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	0	0	5	43	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	0	0	5	43	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	364	292
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	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

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.20
LPN's	3.93
Certified Aides	30.30
Other Health Staff	2.00
Non-Health Staff	25.00
Totals	74.43

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
23.1%	0.0%	0.0%	0.0%	76.9%	100.0%		
1,610,723	0	0	0	5,352,729	6,963,452	592,463	8.5%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WINFIELD WOODS HEALTHCARE CENTER
28 WEST 141 LIBERTY ROAD
WINFIELD, IL. 60190

Reference Numbers Facility ID 6005334
Health Service Area 007 Planning Service Area 703

Administrator
Deanna Dang

Contact Person and Telephone
DEANNA DANG
630-668-9696

Date Completed
4/3/2014

Registered Agent Information
Stephen N. Sher, Esq.
5750 Old Orchard Road, Suite 420
Skokie, IL 60077

Building	Reported Age
Building 1 Winfield Woods Healthcare Cent	43
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	125
Total Admissions 2013	10
Total Discharges 2013	5
Residents on 12/31/2013	130

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	11
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	2
Mental Illness	80
Developmental Disability	0
Circulatory System	7
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	130

Total Residents Diagnosed as Mentally Ill 124

Total Residents Reported as Identified Offenders 1

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	138	138	138	138	130	8	0	138
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	138	138	138	138	130	8	0	138

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	665	0.0%	44028	87.4%	0	0	3589	0	48282	95.9%	95.9%
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	665	0.0%	44028	87.4%	0	0	3589	0	48282	95.9%	95.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	28	23	0	0	0	0	0	0	28	23	51
60 to 64	10	13	0	0	0	0	0	0	10	13	23
65 to 74	19	19	0	0	0	0	0	0	19	19	38
75 to 84	2	11	0	0	0	0	0	0	2	11	13
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	60	70	0	0	0	0	0	0	60	70	130

WINFIELD WOODS HEALTHCARE CENTER
28 WEST 141 LIBERTY ROAD
WINFIELD, IL. 60190

Classification Numbers

License Number	6005334	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	116	0	0	9	0	130
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	116	0	0	9	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	124	0	0	0	124
Race Unknown	0	0	0	0	0
Total	130	0	0	0	130

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	0	0	0	0	0
Total	130	0	0	0	130

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	7.00
Certified Aides	28.00
Other Health Staff	1.00
Non-Health Staff	30.00
Totals	74.00

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
5.6%	85.1%	0.0%	0.0%	9.2%	100.0%		
296,167	4,472,146	0	0	485,172	5,253,485	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	11/30/2012	Formerly Winfield Woods.

WINNING WHEELS
701 EAST 3RD STREET
PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID 6010094
Health Service Area 001 Planning Service Area 195

Administrator
Jill R. Smith

Contact Person and Telephone
STEVEN TERRITO
815-778-3683

Date Completed
3/31/2014

Registered Agent Information
John Guzzardo
701 East Third Street
Prophetstown, IL 61277

Building		Reported Age
Building 1	Original building	34
Building 2	Therapy annex	14
Building 3	Wing addition	1
Building 4		0
Building 5		0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	74
Total Admissions 2013	16
Total Discharges 2013	15
Residents on 12/31/2013	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	52
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 8

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	88	88	78	88	75	13	88	88
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	88	88	78	88	75	13	88	88

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	878	2.7%	24429	76.1%	355	0	1115	14	26791	83.4%	83.4%
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	878	2.7%	24429	76.1%	355	0	1115	14	26791	83.4%	83.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	25	4	0	0	0	0	0	0	25	4	29
45 to 59	24	8	0	0	0	0	0	0	24	8	32
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	3	0	0	0	0	0	0	0	3	0	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	57	18	0	0	0	0	0	0	57	18	75

WINNING WHEELS
701 EAST 3RD STREET
PROPHETSTOWN, IL. 61277

Classification Numbers

License Number	6010094	
Health Service Area	001	
Planning Service Area	195	Whiteside

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	70	1	0	1	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	70	1	0	1	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	7.00
Certified Aides	37.00
Other Health Staff	8.00
Non-Health Staff	33.00
Totals	95.00

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
12.0%	81.0%	1.7%	0.0%	5.3%	100.0%		
570,583	3,857,230	82,609	0	254,497	4,764,919	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WINSTON MANOR CONVALESCENT
2155 WEST PIERCE
CHICAGO, IL. 60622

Reference Numbers Facility ID 6010102
Health Service Area 006 Planning Service Area 602

Administrator
Arleen D. Batorek

Contact Person and Telephone
ARLEEN BATOREK
773-252-2066

Date Completed
3/27/2014

Registered Agent Information
Marvin Mermelstein
6500 Hamlin ave
Liincolnwood, IL 60712

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	44
Blood Disorders	9
*Nervous System Non Alzheimer	25
Alzheimer Disease	0
Mental Illness	16
Developmental Disability	0
Circulatory System	18
Respiratory System	26
Digestive System	10
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	171

Total Residents Diagnosed as Mentally Ill 93

Total Residents Reported as Identified Offenders 20

Building	Reported Age
Building 1 Winston Manor	90
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	176
Total Admissions 2013	177
Total Discharges 2013	182
Residents on 12/31/2013	171

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	180	180	176	180	171	9	0	180
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	180	180	176	180	171	9	0	180

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	61800	94.1%	0	0	615	0	62415	95.0%	95.0%
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	0	0.0%	61800	94.1%	0	0	615	0	62415	95.0%	95.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	4	0	0	0	0	0	0	10	4	14
45 to 59	42	20	0	0	0	0	0	0	42	20	62
60 to 64	28	16	0	0	0	0	0	0	28	16	44
65 to 74	25	13	0	0	0	0	0	0	25	13	38
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	112	59	0	0	0	0	0	0	112	59	171

WINSTON MANOR CONVALESCENT
2155 WEST PIERCE
CHICAGO, IL. 60622

Classification Numbers

License Number	6010102	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	170	0	0	1	0	171
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	170	0	0	1	0	171

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	66	0	0	0	66
Hawaiian/Pacific Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	171	0	0	0	171

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	40	0	0	0	40
Non-Hispanic	131	0	0	0	131
Ethnicity Unknown	0	0	0	0	0
Total	171	0	0	0	171

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	0.00
Certified Aides	26.00
Other Health Staff	36.00
Non-Health Staff	80.00
Totals	160.00

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
0.0%	98.0%	0.0%	0.0%	2.0%	100.0%		
0	5,872,204	0	0	121,095	5,993,299	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WOOD GLEN NURSING & REHAB CENTER
30 WEST 300 NORTH AVENUE
WEST CHICAGO, IL. 60185

Reference Numbers Facility ID 6001713
Health Service Area 007 Planning Service Area 703

Administrator
Jeffrey White

Contact Person and Telephone
TRISHA GOODNOUGH
630-876-8100

Date Completed
4/8/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	204
Total Admissions 2013	60
Total Discharges 2013	56
Residents on 12/31/2013	208

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	17
Blood Disorders	3
*Nervous System Non Alzheimer	8
Alzheimer Disease	9
Mental Illness	106
Developmental Disability	2
Circulatory System	14
Respiratory System	13
Digestive System	8
Genitourinary System Disorders	4
Skin Disorders	7
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	208

Total Residents Diagnosed as Mentally Ill 172

Total Residents Reported as Identified Offenders 6

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	213	213	213	213	208	5	207	207
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	213	213	213	213	208	5	207	207

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1207	1.6%	0	0.0%	69943	0	3278	0	74428	95.7%	95.7%
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	1207	1.6%	0	0.0%	69943	0	3278	0	74428	95.7%	95.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	33	14	0	0	0	0	0	0	33	14	47
45 to 59	45	25	0	0	0	0	0	0	45	25	70
60 to 64	17	16	0	0	0	0	0	0	17	16	33
65 to 74	13	21	0	0	0	0	0	0	13	21	34
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85+	1	5	0	0	0	0	0	0	1	5	6
TOTALS	114	94	0	0	0	0	0	0	114	94	208

WOOD GLEN NURSING & REHAB CENTER
30 WEST 300 NORTH AVENUE
WEST CHICAGO, IL. 60185

Classification Numbers

License Number	6001713	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	170	0	0	29	0	208
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	170	0	0	29	0	208

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	2	0	0	0	2
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	190	0	0	0	190
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	208	0	0	0	208

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	198	0	0	0	198
Ethnicity Unknown	0	0	0	0	0
Total	208	0	0	0	208

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	7.00
Certified Aides	30.00
Other Health Staff	8.00
Non-Health Staff	31.00
Totals	90.00

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
5.0%	77.3%	0.0%	13.2%	4.4%	100.0%		
484,723	7,501,851	0	1,284,964	428,480	9,700,018	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WOODBRIDGE NURSING PAVILION
2242 NORTH KEDZIE BLVD.
CHICAGO, IL. 60647

Reference Numbers Facility ID 6007074
Health Service Area 006 Planning Service Area 602

Administrator
Philip Birn

Contact Person and Telephone
Philip Birn
773-486-7700

Date Completed
3/27/2014

Registered Agent Information
MS Services
191 N. Wacker Suite 1800
Chicago, IL 60606

Building	Reported Age
Building 1 Woodbridge Nursing Pavilion	10
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	202
Total Admissions 2013	85
Total Discharges 2013	107
Residents on 12/31/2013	180

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	31
Blood Disorders	5
*Nervous System Non Alzheimer	14
Alzheimer Disease	2
Mental Illness	25
Developmental Disability	0
Circulatory System	51
Respiratory System	15
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	180

Total Residents Diagnosed as Mentally Ill 26

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	222	220	197	220	180	42	222	222
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	222	220	197	220	180	42	222	222

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5488	6.8%	62186	76.7%	0	640	904	0	69218	85.4%	86.2%
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	5488	6.8%	62186	76.7%	0	640	904	0	69218	85.4%	86.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	3	1	0	0	0	0	0	0	3	1	4
45 to 59	15	14	0	0	0	0	0	0	15	14	29
60 to 64	12	11	0	0	0	0	0	0	12	11	23
65 to 74	26	17	0	0	0	0	0	0	26	17	43
75 to 84	31	22	0	0	0	0	0	0	31	22	53
85+	12	16	0	0	0	0	0	0	12	16	28
TOTALS	99	81	0	0	0	0	0	0	99	81	180

WOODBRIDGE NURSING PAVILION
2242 NORTH KEDZIE BLVD.
CHICAGO, IL. 60647

Classification Numbers

License Number	6007074	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	166	0	2	1	0	180
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	166	0	2	1	0	180

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pacific Isl.	0	0	0	0	0
White	155	0	0	0	155
Race Unknown	0	0	0	0	0
Total	180	0	0	0	180

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	141	0	0	0	141
Non-Hispanic	39	0	0	0	39
Ethnicity Unknown	0	0	0	0	0
Total	180	0	0	0	180

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	19.00
Certified Aides	72.00
Other Health Staff	12.00
Non-Health Staff	32.00
Totals	151.00

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
25.1%	72.2%	0.0%	0.8%	2.0%	100.0%		
2,711,390	7,792,160	0	81,188	211,083	10,795,821	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WOODSIDE MANOR
120 WEST 26TH STREET
SOUTH CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6007991
Health Service Area 007 Planning Service Area 705

Administrator
MARCITA CARTER

Contact Person and Telephone
MARCITA CARTER
708-756-5200

Date Completed
4/1/2014

Registered Agent Information

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	107
Total Admissions 2013	76
Total Discharges 2013	76
Residents on 12/31/2013	107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	14
Blood Disorders	20
*Nervous System Non Alzheimer	15
Alzheimer Disease	10
Mental Illness	34
Developmental Disability	0
Circulatory System	0
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 34

Total Residents Reported as Identified Offenders 10

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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	112	106	105	106	100	12	64	64
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	112	106	105	106	100	12	64	112

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4002	17.1%	34739	######	0	102	311	0	39154	95.8%	101.2%
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	4002	17.1%	34739	85.0%	0	102	311	0	39154	95.8%	101.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	3	0	0	0	0	0	0	2	3	5
45 to 59	9	10	0	0	0	0	0	0	9	10	19
60 to 64	7	10	0	0	0	0	0	0	7	10	17
65 to 74	14	15	0	0	0	0	0	0	14	15	29
75 to 84	5	20	0	0	0	0	0	0	5	20	25
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	38	62	0	0	0	0	0	0	38	62	100

WOODSIDE MANOR
120 WEST 26TH STREET
SOUTH CHICAGO HEIGHTS, IL. 60411

Classification Numbers

License Number	6007991	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	83	0	1	0	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	83	0	1	0	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	142	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	50	0	0	0	50
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	3	0	0	0	3
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	10.00
Certified Aides	38.00
Other Health Staff	11.00
Non-Health Staff	22.00
Totals	93.00

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
62.0%	13.3%	0.0%	10.8%	13.9%	100.0%		
197,711	42,555	0	34,496	44,290	319,052	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

WYNSCAPE
2180 MANCHESTER ROAD
WHEATON, IL. 60187

Reference Numbers Facility ID 6008361
Health Service Area 007 Planning Service Area 703

Administrator
AIMEE MUSIAL

Contact Person and Telephone
AIMEE MUSIAL
630-665-4330

Date Completed
3/26/2013

Registered Agent Information
National Corporate Research LT
520 S. 2nd Street 403
Des Moines, IA 50309

Continuing Care Retirement Community

Building	Reported Age
Building 1 Wynscape	44
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	113
Total Admissions 2013	643
Total Discharges 2013	637
Residents on 12/31/2013	119

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	6
Digestive System	9
Genitourinary System Disorders	3
Skin Disorders	7
Musculo-skeletal Disorders	16
Injuries and Poisonings	17
Other Medical Conditions	13
Non-Medical Conditions	11
TOTALS	119

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	209	209	126	209	119	90	199	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	209	209	126	209	119	90	199	0

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	19107	26.3%	1960	0.0%	0	1668	19178	0	41913	54.9%	54.9%
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	19107	26.3%	1960	0.0%	0	1668	19178	0	41913	54.9%	54.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	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	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	12	0	0	0	0	0	0	2	12	14
75 to 84	11	23	0	0	0	0	0	0	11	23	34
85+	12	56	0	0	0	0	0	0	12	56	68
TOTALS	27	92	0	0	0	0	0	0	27	92	119

WYNSCAPE
2180 MANCHESTER ROAD
WHEATON, IL. 60187

Classification Numbers

License Number	6008361	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	56	5	0	7	51	0	119
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	56	5	0	7	51	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	286	271
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	115	0	0	0	115
Race Unknown	0	0	0	0	0
Total	119	0	0	0	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	1	0	0	0	1
Total	119	0	0	0	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	26.11
LPN's	7.61
Certified Aides	60.57
Other Health Staff	9.50
Non-Health Staff	37.46
Totals	144.25

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
67.4%	1.7%	0.0%	3.8%	27.0%	100.0%		
9,962,691	257,377	0	562,289	3,994,579	14,776,936	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

ZACHARY HOUSE
1102 EAST AVENUE
STREAMWOOD, IL. 60107

Reference Numbers Facility ID 6015002
Health Service Area 007 Planning Service Area 701

Administrator
Donita Link

Contact Person and Telephone
ROBIN WITT
847-397-0055

Date Completed
3/31/2013

Registered Agent Information
Byrn T. Witt
747 S. Arlington Heights Road
Arlington Heights, IL 60005

Building	Reported Age
Building 1 Zachary House	19
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	16
Total Admissions 2013	0
Total Discharges 2013	1
Residents on 12/31/2013	15

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
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	15

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2013

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5555	95.1%	0	0	0	0	5555	95.1%	95.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5555	95.1%	0	0	0	0	5555	95.1%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	2	0	0	6	2	8
45 to 59	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
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	10	5	0	0	10	5	15

ZACHARY HOUSE
1102 EAST AVENUE
STREAMWOOD, IL. 60107

Classification Numbers

License Number	6015002	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	200	139
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	4.00
Other Health Staff	0.00
Non-Health Staff	2.10
Totals	7.60

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	770	0	0	0	770	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.