

**ALTON MENTAL HEALTH CENTER**

4500 COLLEGE AVENUE  
ALTON, IL. 62002

**Reference Numbers** Facility ID 8000001  
Health Service Area 011 Planning Service Area 119

**Administrator**

Susan Shobe

**Contact Person and Telephone**

Michael S. Pelletier  
847-742-1040 ext. 2807

**Registered Agent Information**

**Date Completed**  
5/16/2008

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

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	118
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	1
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>121</b>

**FACILITY OWNERSHIP STATE**

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

**ADMISSIONS AND DISCHARGES - 2007**

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2007	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2007	Total Admissions 2007
Nursing Care	125	131	131	125	4	24	24	123	233
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0		0		
<b>TOTAL BEDS</b>	<b>125</b>	<b>131</b>	<b>131</b>	<b>125</b>	<b>4</b>	<b>24</b>	<b>24</b>	<b>121</b>	<b>235</b>

**FACILITY UTILIZATION - 2007**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1785	20.4%	0	0.0%	43726	45511	99.8%	95.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
<b>TOTALS</b>	<b>1785</b>	<b>20.4%</b>	<b>0</b>	<b>0.0%</b>	<b>43726</b>	<b>45511</b>	<b>99.8%</b>	<b>95.2%</b>	

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	68	16	0	0	0	0	0	0	68	16	84
45 to 59	27	6	0	0	0	0	0	0	27	6	33
60 to 64	1	0	0	0	0	0	0	0	1	0	1
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
<b>TOTALS</b>	<b>99</b>	<b>22</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>99</b>	<b>22</b>	<b>121</b>

**ALTON MENTAL HEALTH CENTER**

4500 COLLEGE AVENUE

ALTON, IL. 62002

**Reference Numbers** Facility ID 8000001

Health Service Area 011 Planning Service Area 119

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	0	114	0	0	0	121
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>7</b>	<b>0</b>	<b>114</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>121</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	450	450
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	63	0	0	0	63
Hawaiian/Pac. Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>121</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>121</b>

  

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>121</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>121</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	16.00
Physicians	7.00
Director of Nursing	1.00
Registered Nurses	34.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	136.40
Non-Health Staff	65.00
<b>Totals</b>	<b>259.40</b>

**NET REVENUE BY PAYOR 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%	98.1%	0.0%	0.1%	100.0%		96.3%
460,600	0	25,611,917	0	25,800	26,098,317	25,121,641	

**CHESTER MENTAL HEALTH CENTER**

POST OFFICE BOX 31  
 CHESTER, IL. 62233  
**Reference Numbers** Facility ID 8000002  
 Health Service Area 005 Planning Service Area 157

**Administrator**

Patricia Kelley

**Contact Person and Telephone**

Michael S. Pelletier  
 847-742-1040 ext 2807

**Registered Agent Information**

**Date Completed**  
 5/7/2008

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

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	277
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
<b>TOTALS</b>	<b>277</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2007**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2007	
									Residents on 1/1/2007	
Nursing Care	302	302	292	302	277	25	0	0	285	199
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
<b>TOTAL BEDS</b>	<b>302</b>	<b>302</b>	<b>292</b>	<b>302</b>	<b>277</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>207</b>	<b>277</b>

**FACILITY UTILIZATION - 2007**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	325	0.0%	1688	0.0%	100827	102840	93.3%		93.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
<b>TOTALS</b>	<b>325</b>	<b>0.0%</b>	<b>1688</b>	<b>0.0%</b>	<b>100827</b>	<b>102840</b>	<b>93.3%</b>		<b>93.3%</b>	

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	173	0	0	0	0	0	0	0	173	0	173
45 to 59	88	0	0	0	0	0	0	0	88	0	88
60 to 64	8	0	0	0	0	0	0	0	8	0	8
65 to 74	5	0	0	0	0	0	0	0	5	0	5
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
<b>TOTALS</b>	<b>277</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>277</b>	<b>0</b>	<b>277</b>

**CHESTER MENTAL HEALTH CENTER**

POST OFFICE BOX 31  
 CHESTER, IL. 62233

**Reference Numbers** Facility ID 8000002

Health Service Area 005 Planning Service Area 157

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	43	8	179	2	45	0	277
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>43</b>	<b>8</b>	<b>179</b>	<b>2</b>	<b>45</b>	<b>0</b>	<b>277</b>

**AVERAGE DAILY PAYMENT RATES**

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

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	165	0	0	0	165
Hawaiian/Pac. Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	3	0	0	0	3
<b>Total</b>	<b>277</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>277</b>

  

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	260	0	0	0	260
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>277</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>277</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	20.00
Physicians	6.17
Director of Nursing	1.00
Registered Nurses	35.00
LPN's	12.00
Certified Aides	0.00
Other Health Staff	317.00
Non-Health Staff	116.40
<b>Totals</b>	<b>507.57</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	1.9%	97.2%	0.0%	0.9%	100.0%		94.4%
9,100	848,500	44,439,263	7,300	425,700	45,729,863	43,148,663	

## CHICAGO-READ MENTAL HEALTH CTR

4200 NORTH OAK PARK AVENUE  
CHICAGO, IL. 60634

Reference Numbers Facility ID 8000003  
Health Service Area 006 Planning Service Area 602

## Administrator

Elaine Novak

## Contact Person and Telephone

Michael S. Pelletier  
847-742-1040 ext 2807

## Registered Agent Information

Date Completed  
5/5/2008

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

Note: Reported restrictions denoted by '1'

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	99
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	28
TOTALS	128

FACILITY OWNERSHIP  
STATE

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

## ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2007	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2007	Total Admissions 2007
Nursing Care	130	142	142	130	2	24	24	128	1863
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0				128
TOTAL BEDS	130	142	142	130	2	24	24		

## FACILITY UTILIZATION - 2007

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	236	2.7%	429	4.9%	46885	47550	100.2%	91.7%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	236	2.7%	429	4.9%	46885	47550	100.2%	91.7%		

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	66	22	0	0	0	0	0	0	66	22	88
45 to 59	27	9	0	0	0	0	0	0	27	9	36
60 to 64	1	1	0	0	0	0	0	0	1	1	2
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	95	33	0	0	0	0	0	0	95	33	128

**CHICAGO-READ MENTAL HEALTH CTR**

4200 NORTH OAK PARK AVENUE

CHICAGO, IL. 60634

**Reference Numbers** Facility ID 8000003

Health Service Area 006 Planning Service Area 602

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	22	14	92	0	0	0	128
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>22</b>	<b>14</b>	<b>92</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>128</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	450	450
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	0	0	0	0	0
Black	54	0	0	0	54
Hawaiian/Pac. Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	18	0	0	0	18
<b>Total</b>	<b>128</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>128</b>

  

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>128</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>128</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	22.00
Physicians	18.00
Director of Nursing	1.00
Registered Nurses	63.00
LPN's	4.00
Certified Aides	72.00
Other Health Staff	60.00
Non-Health Staff	60.00
<b>Totals</b>	<b>300.00</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.4%	0.2%	98.9%	0.0%	0.5%	100.0%		97.9%
124,600	55,600	33,368,761	0	176,300	33,725,261	33,012,261	

**CHOATE MENTAL HEALTH CENTER**

1000 MAIN STREET

ANNA, IL. 62906

Reference Numbers Facility ID 8000004

Health Service Area 005 Planning Service Area 181

**Administrator**

Elaine Ray

**Contact Person and Telephone**

Michael S. Pelletier

847-742-1040 ext 2807

**Registered Agent Information****Date Completed**

5/5/2008

**FACILITY OWNERSHIP**

STATE

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

*Note: Reported restrictions denoted by '1'***RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	70
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	71

**LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS****ADMISSIONS AND DISCHARGES - 2007**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2007	
		SET-UP	USED					Residents on 1/1/2007	
Nursing Care	79	79	79	79	8	79	79	64	
Skilled Under 22	0	0	0	0	0	0	0	528	
Intermediate DD	0	0	0	0	0	0	0	521	
Sheltered Care	0	0	0	0	0	0	0	71	
TOTAL BEDS	79	79	79	79	8	79	79		

**FACILITY UTILIZATION - 2007****BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4385	15.2%	4953	17.2%	15127	24465	84.8%	84.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4385	15.2%	4953	17.2%	15127	24465	84.8%	84.8%	

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	3	1	0	0	0	0	0	0	3	1	4
18 to 44	24	9	0	0	0	0	0	0	24	9	33
45 to 59	17	7	0	0	0	0	0	0	17	7	24
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	2	0	0	0	0	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	51	20	0	0	0	0	0	0	51	20	71

**CHOATE MENTAL HEALTH CENTER**

1000 MAIN STREET

ANNA, IL. 62906

**Reference Numbers** Facility ID 8000004

Health Service Area 005 Planning Service Area 181

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	9	37	0	0	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>25</b>	<b>9</b>	<b>37</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>71</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	450	450
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	2	0	0	0	2
Black	13	0	0	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>71</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>71</b>

  

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>71</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>71</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	12.50
Physicians	4.10
Director of Nursing	0.00
Registered Nurses	26.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	87.00
Non-Health Staff	24.25
<b>Totals</b>	<b>153.85</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
3.4%	0.0%	96.6%	0.0%	0.0%	100.0%		93.3%
1,562,600	0	45,056,388	0	0	46,618,988	43,493,788	

**CHOATE MENTAL HEALTH CENTER**

1000 MAIN STREET  
 ANNA, IL. 62906  
**Reference Numbers** Facility ID 8000020  
 Health Service Area 005 Planning Service Area 181

**Administrator**  
 Janice C. Farmer, LCSW

**Contact Person and Telephone**

Michael Hurt  
 217-479-2110

**Registered Agent Information**

**Date Completed**  
 5/5/2008

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

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	172
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>172</b>

**FACILITY OWNERSHIP STATE**

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

**ADMISSIONS AND DISCHARGES - 2007**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2007	
									Residents on 1/1/2007	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2007	177
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2007	34
Intermediate DD	285	181	181	172	172	113		285	Total Discharges 2007	39
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2007	172
<b>TOTAL BEDS</b>	<b>285</b>	<b>181</b>	<b>181</b>	<b>172</b>	<b>172</b>	<b>113</b>	<b>0</b>	<b>285</b>		

**FACILITY UTILIZATION - 2007**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			49546	47.6%	0	49546	47.6%	75.0%	75.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>49546</b>	<b>47.6%</b>	<b>0</b>	<b>49546</b>	<b>47.6%</b>	<b>75.0%</b>	<b>75.0%</b>	

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	88	15	0	0	88	15	103
45 to 59	0	0	0	0	39	17	0	0	39	17	56
60 to 64	0	0	0	0	8	1	0	0	8	1	9
65 to 74	0	0	0	0	3	1	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
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>138</b>	<b>34</b>	<b>0</b>	<b>0</b>	<b>138</b>	<b>34</b>	<b>172</b>

**CHOATE MENTAL HEALTH CENTER**

1000 MAIN STREET

ANNA, IL. 62906

**Reference Numbers** Facility ID 8000020

Health Service Area 005 Planning Service Area 181

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		132	0	0	1	39	172
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>132</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>39</b>	<b>172</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	450	450
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	1	0	1
Black	0	0	43	0	43
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	128	0	128
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>172</b>	<b>0</b>	<b>172</b>

  

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	168	0	168
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>172</b>	<b>0</b>	<b>172</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	14.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	7.00
Certified Aides	0.00
Other Health Staff	6.75
Non-Health Staff	218.00
<b>Totals</b>	<b>267.75</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
1.3%	94.4%	0.0%	0.0%	4.2%	100.0%		44.1%
195,900	13,730,200	0	0	612,500	14,538,600	6,405,750	

**ELGIN MENTAL HEALTH CENTER**

750 SOUTH STATE STREET  
ELGIN, IL. 60123

**Reference Numbers** Facility ID 8000005  
Health Service Area 008 Planning Service Area 089

**Administrator**  
Tajudeen Ibrahim

**Contact Person and Telephone**

Michael S. Pelletier  
847-742-1040 ext 2807

**Registered Agent Information**

N/A

**FACILITY OWNERSHIP**  
STATE

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

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	370
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
<b>TOTALS</b>	<b>370</b>

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

**ADMISSIONS AND DISCHARGES - 2007**

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2007	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2007	
Nursing Care	390	395	389	390	20	4	4	372	1109
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0				1111
<b>TOTAL BEDS</b>	<b>390</b>	<b>395</b>	<b>389</b>	<b>390</b>	<b>20</b>	<b>4</b>	<b>4</b>	<b>370</b>	<b>370</b>

**FACILITY UTILIZATION - 2007**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1943	133.1%	0	0.0%	134174	136117	95.6%		94.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
<b>TOTALS</b>	<b>1943</b>	<b>133.1%</b>	<b>0</b>	<b>0.0%</b>	<b>134174</b>	<b>136117</b>	<b>95.6%</b>		<b>94.4%</b>	

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	150	44	0	0	0	0	0	0	150	44	194
45 to 59	102	39	0	0	0	0	0	0	102	39	141
60 to 64	10	6	0	0	0	0	0	0	10	6	16
65 to 74	16	3	0	0	0	0	0	0	16	3	19
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
<b>TOTALS</b>	<b>278</b>	<b>92</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>278</b>	<b>92</b>	<b>370</b>

**ELGIN MENTAL HEALTH CENTER**

750 SOUTH STATE STREET

ELGIN, IL. 60123

**Reference Numbers** Facility ID 8000005

Health Service Area 008 Planning Service Area 089

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	370	0	0	0	370
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>370</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>370</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	460	460
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	7	0	0	0	7
Amer. Indian	1	0	0	0	1
Black	152	0	0	0	152
Hawaiian/Pac. Isl.	0	0	0	0	0
White	208	0	0	0	208
Race Unknown	2	0	0	0	2
<b>Total</b>	<b>370</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>370</b>

  

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	44	0	0	0	44
Non-Hispanic	326	0	0	0	326
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>370</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>370</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	36.60
Physicians	27.30
Director of Nursing	3.00
Registered Nurses	128.50
LPN's	0.00
Certified Aides	0.00
Other Health Staff	357.00
Non-Health Staff	194.40
<b>Totals</b>	<b>746.80</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.4%	0.1%	99.1%	0.3%	0.2%	100.0%		99.1%
261,300	57,300	68,920,900	200,000	138,352	69,577,852	68,920,900	

**FOX DEVELOPMENTAL CENTER**

134 WEST MAIN STREET  
 DWIGHT, IL. 60420  
**Reference Numbers** Facility ID 8000006  
 Health Service Area 004 Planning Service Area 105

**Administrator**  
 Cheryl Winnicki

**Contact Person and Telephone**

Karen Norman  
 815-584-3347 ext 227

**Registered Agent Information**

**Date Completed**  
 5/2/2008

**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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	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	140
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>140</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2007**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2007	
		SET-UP	USED					Residents on 1/1/2007	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2007	148
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2007	0
Intermediate DD	167	167	148	140	27		167	Total Discharges 2007	8
Sheltered Care	0	0	0	0	0			Residents on 12/31/2007	140
<b>TOTAL BEDS</b>	<b>167</b>	<b>167</b>	<b>148</b>	<b>140</b>	<b>27</b>	<b>0</b>	<b>167</b>		

**FACILITY UTILIZATION - 2007**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			51409	84.3%	0	51409	84.3%	84.3%		
Sheltered Care					0	0	0.0%	0.0%		
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>51409</b>	<b>84.3%</b>	<b>0</b>	<b>51409</b>	<b>84.3%</b>	<b>84.3%</b>		

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	41	33	0	0	41	33	74
45 to 59	0	0	0	0	33	23	0	0	33	23	56
60 to 64	0	0	0	0	2	5	0	0	2	5	7
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
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>77</b>	<b>63</b>	<b>0</b>	<b>0</b>	<b>77</b>	<b>63</b>	<b>140</b>

**FOX DEVELOPMENTAL CENTER**

134 WEST MAIN STREET  
 DWIGHT, IL. 60420

**Reference Numbers** Facility ID 8000006

Health Service Area 004 Planning Service Area 105

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		140	0	0	0	0	140
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>140</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>140</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	450	450
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	19	0	19
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	119	0	119
Race Unknown	0	0	1	0	1
<b>Total</b>	<b>0</b>	<b>0</b>	<b>140</b>	<b>0</b>	<b>140</b>

  

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	7	0	7
Non-Hispanic	0	0	133	0	133
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>140</b>	<b>0</b>	<b>140</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	16.00
Physicians	2.75
Director of Nursing	2.00
Registered Nurses	20.00
LPN's	12.10
Certified Aides	0.00
Other Health Staff	153.50
Non-Health Staff	66.00
<b>Totals</b>	<b>272.35</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	13,119	0	0	0	13,119	0	

**HOWE DEVELOPMENTAL CENTER**

7600 WEST 183RD STREET  
TINLEY PARK, IL. 60477

**Reference Numbers** Facility ID 8000007  
Health Service Area 007 Planning Service Area 705

**Administrator**  
Joseph Turner

**Contact Person and Telephone**

Michael Hurt  
217-479-2110

**Registered Agent Information**

**Date Completed**  
5/1/2008

**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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	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	346
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>346</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2007**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2007	
									Residents on 1/1/2007	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2007	395
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2007	5
Intermediate DD	500	400	395	350	346	154		500	Total Discharges 2007	54
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2007	346
<b>TOTAL BEDS</b>	<b>500</b>	<b>400</b>	<b>395</b>	<b>350</b>	<b>346</b>	<b>154</b>	<b>0</b>	<b>500</b>		

**FACILITY UTILIZATION - 2007**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			72788	39.9%	59313	132101	72.4%	90.5%		
Sheltered Care					0	0	0.0%	0.0%		
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>72788</b>	<b>39.9%</b>	<b>59313</b>	<b>132101</b>	<b>72.4%</b>	<b>90.5%</b>		

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	70	35	0	0	70	35	105
45 to 59	0	0	0	0	101	71	0	0	101	71	172
60 to 64	0	0	0	0	20	18	0	0	20	18	38
65 to 74	0	0	0	0	21	6	0	0	21	6	27
75 to 84	0	0	0	0	1	2	0	0	1	2	3
85+	0	0	0	0	0	1	0	0	0	1	1
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>213</b>	<b>133</b>	<b>0</b>	<b>0</b>	<b>213</b>	<b>133</b>	<b>346</b>

**HOWE DEVELOPMENTAL CENTER**

7600 WEST 183RD STREET  
 TINLEY PARK, IL. 60477

**Reference Numbers** Facility ID 8000007

Health Service Area 007 Planning Service Area 705

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		339	0	2	1	4	346
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	0	339	0	2	1	4	346

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	450
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	98	0	98
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	246	0	246
Race Unknown	0	0	0	0	0
<b>Total</b>	0	0	346	0	346

  

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	21	0	21
Non-Hispanic	0	0	325	0	325
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	0	0	346	0	346

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	42.00
Physicians	5.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	23.00
Certified Aides	0.00
Other Health Staff	5.00
Non-Health Staff	662.00
<b>Totals</b>	765.00

**NET REVENUE BY PAYOR SOURCE (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%	92.1%	0.0%	0.0%	7.8%	100.0%		0.0%
64,600	30,573,100	0	0	2,575,700	33,213,400	0	

**JACKSONVILLE DEVELOPMENTAL CENTER**

1201 SOUTH MAIN STREET  
 JACKSONVILLE, IL. 62650  
**Reference Numbers** Facility ID 8000018  
 Health Service Area 003 Planning Service Area 137

**Administrator**  
 Peggy Davidsmeyer

**Contact Person and Telephone**  
 Peggy Davidsmeyer  
 217-479-2110

**Registered Agent Information**

**Date Completed**  
 5/5/2008

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

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	232
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>232</b>

**FACILITY OWNERSHIP STATE**

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

**ADMISSIONS AND DISCHARGES - 2007**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2007	
		SET-UP	USED					Residents on 1/1/2007	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2007	237
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2007	19
Intermediate DD	329	240	240	232	97		329	Total Discharges 2007	24
Sheltered Care	0	0	0	0	0			Residents on 12/31/2007	232
<b>TOTAL BEDS</b>	<b>329</b>	<b>240</b>	<b>240</b>	<b>232</b>	<b>97</b>	<b>0</b>	<b>329</b>		

**FACILITY UTILIZATION - 2007**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			84498	70.4%	0	84498	70.4%	96.5%		
Sheltered Care					0	0	0.0%	0.0%		
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>84498</b>	<b>70.4%</b>	<b>0</b>	<b>84498</b>	<b>70.4%</b>	<b>96.5%</b>		

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	77	24	0	0	77	24	101
45 to 59	0	0	0	0	64	22	0	0	64	22	86
60 to 64	0	0	0	0	21	5	0	0	21	5	26
65 to 74	0	0	0	0	14	2	0	0	14	2	16
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	1	0	0	0	1	1
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>177</b>	<b>55</b>	<b>0</b>	<b>0</b>	<b>177</b>	<b>55</b>	<b>232</b>

**JACKSONVILLE DEVELOPMENTAL CENTER**

1201 SOUTH MAIN STREET  
 JACKSONVILLE, IL. 62650

**Reference Numbers** Facility ID 8000018

Health Service Area 003 Planning Service Area 137

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		232	0	0	0	0	232
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	0	232	0	0	0	0	232

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	232
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	3	0	3
Amer. Indian	0	0	0	0	0
Black	0	0	27	0	27
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	202	0	202
Race Unknown	0	0	0	0	0
<b>Total</b>	0	0	232	0	232

  

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	230	0	230
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	0	0	232	0	232

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	13.00
Certified Aides	235.50
Other Health Staff	7.00
Non-Health Staff	157.50
<b>Totals</b>	439.00

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	29,833,800	0	0	0	29,833,800	0	

**KILEY DEVELOPMENTAL CENTER**1401 WEST DUGDALE  
WAUKEGAN, IL. 60085Reference Numbers Facility ID 8000008  
Health Service Area 008 Planning Service Area 097**Administrator**

Waverly Robinson

**Contact Person and Telephone**Dorothy McCaffrey  
847-249-0600**Registered Agent Information**Date  
Completed  
5/2/2008**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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	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	225
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	225

**FACILITY OWNERSHIP  
STATE***Note: Reported restrictions denoted by '1'***LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS****ADMISSIONS AND  
DISCHARGES - 2007**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2007	
									Residents on 1/1/2007	TOTAL
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2007	241
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2007	10
Intermediate DD	480	260	241	260	225	255		480	Total Discharges 2007	26
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2007	225
<b>TOTAL BEDS</b>	<b>480</b>	<b>260</b>	<b>241</b>	<b>260</b>	<b>225</b>	<b>255</b>	<b>0</b>	<b>480</b>		

**FACILITY UTILIZATION - 2007****BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			85777	49.0%	62640	148417	84.7%	156.4%		
Sheltered Care					0	0	0.0%	0.0%		
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>85777</b>	<b>49.0%</b>	<b>62640</b>	<b>148417</b>	<b>84.7%</b>	<b>156.4%</b>		

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	63	23	0	0	63	23	86
45 to 59	0	0	0	0	78	32	0	0	78	32	110
60 to 64	0	0	0	0	10	7	0	0	10	7	17
65 to 74	0	0	0	0	6	3	0	0	6	3	9
75 to 84	0	0	0	0	2	1	0	0	2	1	3
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>159</b>	<b>66</b>	<b>0</b>	<b>0</b>	<b>159</b>	<b>66</b>	<b>225</b>

**KILEY DEVELOPMENTAL CENTER**

1401 WEST DUGDALE  
 WAUKEGAN, IL. 60085

**Reference Numbers** Facility ID 8000008

Health Service Area 008 Planning Service Area 097

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		225	0	0	0	0	225
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	0	225	0	0	0	0	225

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	492	492
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	25	0	25
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	198	0	198
Race Unknown	0	0	0	0	0
<b>Total</b>	0	0	225	0	225

  

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	16	0	16
Non-Hispanic	0	0	209	0	209
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	0	0	225	0	225

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	16.30
Physicians	3.80
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	2.00
Certified Aides	240.90
Other Health Staff	4.50
Non-Health Staff	101.80
<b>Totals</b>	<b>393.30</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.1%	92.1%	0.0%	0.0%	7.8%	100.0%		0.0%
22	18,503	0	0	1,575	20,100	0	

**LUDEMAN DEVELOPMENTAL CENTER**

114 NORTH ORCHARD DRIVE  
 PARK FOREST, IL. 60466  
**Reference Numbers** Facility ID 8000010  
 Health Service Area 007 Planning Service Area 705

**Administrator**

David I Decker

**Contact Person and Telephone**

David I. Decker  
 708-283-3001

**Registered Agent Information**

**Date Completed**  
 5/30/2008

**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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	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	382
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>382</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2007**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2007	
		SET-UP	USED					Residents on 1/1/2007	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2007	399
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2007	7
Intermediate DD	510	393	393	382	128		510	Total Discharges 2007	24
Sheltered Care	0	0	0	0	0			Residents on 12/31/2007	382
<b>TOTAL BEDS</b>	<b>510</b>	<b>393</b>	<b>393</b>	<b>382</b>	<b>128</b>	<b>0</b>	<b>510</b>		

**FACILITY UTILIZATION - 2007**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			141079	75.8%	0	141079	75.8%	98.4%	98.4%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>141079</b>	<b>75.8%</b>	<b>0</b>	<b>141079</b>	<b>75.8%</b>	<b>98.4%</b>	<b>98.4%</b>	

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	155	55	0	0	155	55	210
45 to 59	0	0	0	0	103	54	0	0	103	54	157
60 to 64	0	0	0	0	3	4	0	0	3	4	7
65 to 74	0	0	0	0	7	1	0	0	7	1	8
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
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>268</b>	<b>114</b>	<b>0</b>	<b>0</b>	<b>268</b>	<b>114</b>	<b>382</b>

**LUDEMAN DEVELOPMENTAL CENTER**

114 NORTH ORCHARD DRIVE  
 PARK FOREST, IL. 60466

**Reference Numbers** Facility ID 8000010

Health Service Area 007 Planning Service Area 705

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

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

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	450
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	147	0	147
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	233	0	233
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>382</b>	<b>0</b>	<b>382</b>

  

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	21	0	21
Non-Hispanic	0	0	361	0	361
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>382</b>	<b>0</b>	<b>382</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	11.00
Physicians	5.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	16.00
Certified Aides	349.50
Other Health Staff	7.00
Non-Health Staff	161.50
<b>Totals</b>	<b>573.00</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.4%	91.5%	0.0%	0.0%	8.1%	100.0%		0.0%
113,300	26,339,800	0	0	2,337,400	28,790,500	0	

**MABLEY DEVELOPMENTAL CENTER**

1120 WASHINGTON  
DIXON, IL. 61021

**Reference Numbers** Facility ID 8000012  
Health Service Area 001 Planning Service Area 103

**Administrator**  
Sharon DeBerry

**Contact Person and Telephone**

Kimberly Nolan  
815-288-8324

**Registered Agent Information**

**Date Completed**  
5/5/2008

**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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	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	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
<b>TOTALS</b>	<b>90</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2007**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2007	
		SET-UP	USED					Residents on 1/1/2007	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2007	91
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2007	4
Intermediate DD	112	92	92	90	22		112	Total Discharges 2007	5
Sheltered Care	0	0	0	0	0			Residents on 12/31/2007	90
<b>TOTAL BEDS</b>	<b>112</b>	<b>92</b>	<b>92</b>	<b>90</b>	<b>22</b>	<b>0</b>	<b>112</b>		

**FACILITY UTILIZATION - 2007**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			33281	81.4%	0	33281	81.4%	99.1%	99.1%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>33281</b>	<b>81.4%</b>	<b>0</b>	<b>33281</b>	<b>81.4%</b>	<b>99.1%</b>	<b>99.1%</b>	

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	35	11	0	0	35	11	46
45 to 59	0	0	0	0	25	10	0	0	25	10	35
60 to 64	0	0	0	0	2	3	0	0	2	3	5
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
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>64</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>64</b>	<b>26</b>	<b>90</b>

**MABLEY DEVELOPMENTAL CENTER**

1120 WASHINGTON

DIXON, IL. 61021

**Reference Numbers** Facility ID 8000012

Health Service Area 001 Planning Service Area 103

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		90	0	0	0	0	90
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	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	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	6	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	82	0	82
Race Unknown	0	0	0	0	0
<b>Total</b>	0	0	90	0	90

  

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	88	0	88
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	0	0	90	0	90

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	8.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	125.50
<b>Totals</b>	149.50

**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
7.2%	92.8%	0.0%	0.0%	0.0%	100.0%		0.0%
537,200	6,898,300	300	0	0	7,435,800	0	

**MADDEN MENTAL HEALTH CENTER**

1200 South First Avenue  
HINES, IL. 60141

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

**Administrator**

Fred Nirde

**Contact Person and Telephone**

Michael S. Pelletier  
847-742-1040 ext 2807

**Registered Agent Information**

**Date Completed**  
5/21/2008

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

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	116
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
<b>TOTALS</b>	<b>116</b>

**FACILITY OWNERSHIP STATE**

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

**ADMISSIONS AND DISCHARGES - 2007**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2007	
									Residents on 1/1/2007	
Nursing Care	175	175	163	150	116	59	28	28	146	4374
Skilled Under 22	0	0	0	0	0	0		0		4404
Intermediate DD	0	0	0	0	0	0		0		116
Sheltered Care	0	0	0	0	0	0				
<b>TOTAL BEDS</b>	<b>175</b>	<b>175</b>	<b>163</b>	<b>150</b>	<b>116</b>	<b>59</b>	<b>28</b>	<b>28</b>		

**FACILITY UTILIZATION - 2007**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	667	6.5%	1506	14.7%	45222	47395	74.2%		74.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
<b>TOTALS</b>	<b>667</b>	<b>6.5%</b>	<b>1506</b>	<b>14.7%</b>	<b>45222</b>	<b>47395</b>	<b>74.2%</b>		<b>74.2%</b>	

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	50	22	0	0	0	0	0	0	50	22	72
45 to 59	27	16	0	0	0	0	0	0	27	16	43
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	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>77</b>	<b>39</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>77</b>	<b>39</b>	<b>116</b>

**MADDEN MENTAL HEALTH CENTER**

1200 South First Avenue  
 HINES, IL. 60141

**Reference Numbers** Facility ID 8000013

Health Service Area 007 Planning Service Area 704

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	0	112	0	0	0	116
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>4</b>	<b>0</b>	<b>112</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>116</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	762	762
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	80	0	0	0	80
Hawaiian/Pac. Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>116</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>116</b>

  

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>116</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>116</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	45.00
Physicians	22.40
Director of Nursing	1.00
Registered Nurses	73.00
LPN's	13.00
Certified Aides	0.00
Other Health Staff	92.25
Non-Health Staff	81.00
<b>Totals</b>	<b>327.65</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal 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%	99.9%	0.0%	0.1%	100.0%		99.9%
4,800	0	29,324,200	0	17,500	29,346,500	29,324,200	

**MCFARLAND MENTAL HEALTH CENTER**

901 SOUTHWIND ROAD  
 SPRINGFIELD, IL. 62703

**Reference Numbers** Facility ID 8000011  
 Health Service Area 003 Planning Service Area 167

**Administrator**  
 Karen Schweighart

**Contact Person and Telephone**

Michael S. Pelletier  
 847-742-1040 ext 2807

**Registered Agent Information**

**Date Completed**  
 5/7/2008

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

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	112
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
<b>TOTALS</b>	<b>112</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2007**

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2007	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2007	
Nursing Care	140	123	123	118	28	118	118	Residents on 1/1/2007	115
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2007	762
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2007	765
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2007	112
<b>TOTAL BEDS</b>	<b>140</b>	<b>123</b>	<b>123</b>	<b>118</b>	<b>28</b>	<b>118</b>	<b>118</b>		

**FACILITY UTILIZATION - 2007**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	7299	16.9%	3899	9.1%	29682	40880	80.0%	91.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
<b>TOTALS</b>	<b>7299</b>	<b>16.9%</b>	<b>3899</b>	<b>9.1%</b>	<b>29682</b>	<b>40880</b>	<b>80.0%</b>	<b>91.1%</b>	

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	12	0	0	0	0	0	0	0	12	0	12
18 to 44	37	19	0	0	0	0	0	0	37	19	56
45 to 59	26	15	0	0	0	0	0	0	26	15	41
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	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>77</b>	<b>35</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>77</b>	<b>35</b>	<b>112</b>

**MCFARLAND MENTAL HEALTH CENTER**

901 SOUTHWIND ROAD  
 SPRINGFIELD, IL. 62703

**Reference Numbers** Facility ID 8000011

Health Service Area 003 Planning Service Area 167

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	15	13	65	3	16	0	112
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>15</b>	<b>13</b>	<b>65</b>	<b>3</b>	<b>16</b>	<b>0</b>	<b>112</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	450	450
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	30	0	0	0	30
Hawaiian/Pac. Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>112</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>112</b>

  

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>112</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>112</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	22.00
Physicians	8.00
Director of Nursing	1.00
Registered Nurses	37.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	108.00
Non-Health Staff	48.00
<b>Totals</b>	<b>224.00</b>

**NET REVENUE BY PAYOR 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%	3.3%	84.7%	0.0%	0.7%	100.0%		69.4%
3,024,800	879,000	22,714,804	0	194,900	26,813,504	18,616,104	

**MURRAY MENTAL HEALTH CENTER**

1535 WEST MCCORD  
CENTRALIA, IL. 62801

**Reference Numbers** Facility ID 8000014  
Health Service Area 011 Planning Service Area 027

**Administrator**  
James Veach

**Contact Person and Telephone**

Michael Hurt  
217-479-2110

**Registered Agent Information**

**Date Completed**  
4/30/2008

**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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	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	334
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>334</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by 'I'*

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

**ADMISSIONS AND DISCHARGES - 2007**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2007	
									Residents on 1/1/2007	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2007	337
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2007	15
Intermediate DD	372	348	338	334	334	38		372	Total Discharges 2007	18
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2007	334
<b>TOTAL BEDS</b>	<b>372</b>	<b>348</b>	<b>338</b>	<b>334</b>	<b>334</b>	<b>38</b>	<b>0</b>	<b>372</b>		

**FACILITY UTILIZATION - 2007**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			120769	88.9%	672	121441	89.4%	95.6%		
Sheltered Care					0	0	0.0%	0.0%		
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>120769</b>	<b>88.9%</b>	<b>672</b>	<b>121441</b>	<b>89.4%</b>	<b>95.6%</b>		

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	2	0	0	0	2	0	2
18 to 44	0	0	0	0	99	53	0	0	99	53	152
45 to 59	0	0	0	0	88	63	0	0	88	63	151
60 to 64	0	0	0	0	10	8	0	0	10	8	18
65 to 74	0	0	0	0	5	6	0	0	5	6	11
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
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>204</b>	<b>130</b>	<b>0</b>	<b>0</b>	<b>204</b>	<b>130</b>	<b>334</b>

**MURRAY MENTAL HEALTH CENTER**

1535 WEST MCCORD  
CENTRALIA, IL. 62801

**Reference Numbers** Facility ID 8000014

Health Service Area 011 Planning Service Area 027

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		334	0	0	0	0	334
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>334</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>334</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	450	450
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	43	0	43
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	287	0	287
Race Unknown	0	0	3	0	3
<b>Total</b>	<b>0</b>	<b>0</b>	<b>334</b>	<b>0</b>	<b>334</b>

  

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	331	0	331
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>334</b>	<b>0</b>	<b>334</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	31.00
Physicians	1.60
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	23.00
Certified Aides	0.00
Other Health Staff	343.50
Non-Health Staff	112.00
<b>Totals</b>	<b>543.10</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	45,888,800	0	0	0	45,888,800	0	

**SHAPIRO MENTAL HEALTH CENTER**

100 EAST JEFFERY STREET  
KANKAKEE, IL. 60901

**Reference Numbers** Facility ID 8000015  
Health Service Area 009 Planning Service Area 091

**Administrator**

Ira L. Collins

**Contact Person and Telephone**

Michael Hurt  
217-479-2110

**Registered Agent Information**

**Date Completed**  
5/5/2008

**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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	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	591
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>591</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2007**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2007	
		SET-UP	USED					Residents on 1/1/2007	
Nursing Care	0	0	0	0	0	0	0	604	
Skilled Under 22	0	0	0	0	0	0	0	12	Total Admissions 2007
Intermediate DD	800	620	607	620	209	0	800	25	Total Discharges 2007
Sheltered Care	0	0	0	0	0	0	0	591	Residents on 12/31/2007
<b>TOTAL BEDS</b>	<b>800</b>	<b>620</b>	<b>607</b>	<b>620</b>	<b>209</b>	<b>0</b>	<b>800</b>		

**FACILITY UTILIZATION - 2007**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			214151	73.3%	700	214851	73.6%	94.9%		
Sheltered Care					0	0	0.0%	0.0%		
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>214151</b>	<b>73.3%</b>	<b>700</b>	<b>214851</b>	<b>73.6%</b>	<b>94.9%</b>		

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	104	43	0	0	104	43	147
45 to 59	0	0	0	0	211	108	0	0	211	108	319
60 to 64	0	0	0	0	3	26	0	0	3	26	29
65 to 74	0	0	0	0	36	29	0	0	36	29	65
75 to 84	0	0	0	0	15	10	0	0	15	10	25
85+	0	0	0	0	2	4	0	0	2	4	6
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>371</b>	<b>220</b>	<b>0</b>	<b>0</b>	<b>371</b>	<b>220</b>	<b>591</b>

**SHAPIRO MENTAL HEALTH CENTER**

100 EAST JEFFERY STREET  
KANKAKEE, IL. 60901

**Reference Numbers** Facility ID 8000015

Health Service Area 009 Planning Service Area 091

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		589	2	0	0	0	591
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>589</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>591</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	317	317
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	3	0	3
Amer. Indian	0	0	1	0	1
Black	0	0	131	0	131
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	433	0	433
Race Unknown	0	0	23	0	23
<b>Total</b>	<b>0</b>	<b>0</b>	<b>591</b>	<b>0</b>	<b>591</b>

  

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	23	0	23
Non-Hispanic	0	0	568	0	568
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>591</b>	<b>0</b>	<b>591</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	44.00
Physicians	8.60
Director of Nursing	1.00
Registered Nurses	42.00
LPN's	37.00
Certified Aides	707.00
Other Health Staff	116.90
Non-Health Staff	184.60
<b>Totals</b>	<b>1141.10</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	90.7%	9.3%	0.0%	0.0%	100.0%		0.0%
0	41,395	4,258	0	0	45,654	0	

**SINGER MENTAL HEALTH CENTER**

4402 NORTH MAIN STREET  
ROCKFORD, IL. 61103

**Reference Numbers** Facility ID 8000016  
Health Service Area 001 Planning Service Area 201

**Administrator**  
Mohammad Yunus

**Contact Person and Telephone**

Michael S. Pelletier  
847-742-1040 ext 2807

**Registered Agent Information**

**Date Completed**  
5/8/2008

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

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	69
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
<b>TOTALS</b>	<b>69</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2007**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2007	
		SET-UP	USED					Residents on 1/1/2007	
Nursing Care	76	80	80	76	69	7	76	76	78
Skilled Under 22	0	0	0	0	0	0	0	0	723
Intermediate DD	0	0	0	0	0	0	0	0	732
Sheltered Care	0	0	0	0	0	0	0	0	69
<b>TOTAL BEDS</b>	<b>76</b>	<b>80</b>	<b>80</b>	<b>76</b>	<b>69</b>	<b>7</b>	<b>76</b>	<b>76</b>	

**FACILITY UTILIZATION - 2007**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1904	6.9%	798	2.9%	22429	25131	90.6%	86.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
<b>TOTALS</b>	<b>1904</b>	<b>6.9%</b>	<b>798</b>	<b>2.9%</b>	<b>22429</b>	<b>25131</b>	<b>90.6%</b>	<b>86.1%</b>	

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	22	16	0	0	0	0	0	0	22	16	38
45 to 59	19	7	0	0	0	0	0	0	19	7	26
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	2	0	0	0	0	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
<b>TOTALS</b>	<b>46</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>46</b>	<b>23</b>	<b>69</b>

**SINGER MENTAL HEALTH CENTER**

4402 NORTH MAIN STREET  
 ROCKFORD, IL. 61103

**Reference Numbers** Facility ID 8000016

Health Service Area 001 Planning Service Area 201

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	17	2	50	0	0	0	69
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>17</b>	<b>2</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>69</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	450	450
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>69</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>69</b>

  

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>69</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>69</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	12.00
Physicians	5.00
Director of Nursing	1.00
Registered Nurses	28.00
LPN's	2.00
Certified Aides	0.00
Other Health Staff	72.00
Non-Health Staff	44.00
<b>Totals</b>	<b>164.00</b>

**NET REVENUE BY PAYOR 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%	1.0%	85.4%	0.0%	1.0%	100.0%		70.7%
2,561,000	209,500	17,302,649	0	193,700	20,266,849	14,338,449	

**TINLEY PARK MENTAL HEALTH CTR**

7400 WEST 183RD STREET  
TINLEY PARK, IL. 60477

**Reference Numbers** Facility ID 8000017  
Health Service Area 007 Planning Service Area 705

**Administrator**  
Thomas Monahan

**Contact Person and Telephone**

Michael S. Pelletier  
847-742-1040 ext 2807

**Registered Agent Information**

**Date Completed**  
5/15/2008

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

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	70
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
<b>TOTALS</b>	<b>70</b>

**FACILITY OWNERSHIP STATE**

*Note: Reported restrictions denoted by '1'*

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

**ADMISSIONS AND DISCHARGES - 2007**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2007	
									Residents on 1/1/2007	
Nursing Care	100	100	93	100	70	30	0	0	94	
Skilled Under 22	0	0	0	0	0	0		0	1414	
Intermediate DD	0	0	0	0	0	0		0	1438	
Sheltered Care	0	0	0	0	0	0		0	70	
<b>TOTAL BEDS</b>	<b>100</b>	<b>100</b>	<b>93</b>	<b>100</b>	<b>70</b>	<b>30</b>	<b>0</b>	<b>0</b>		

**FACILITY UTILIZATION - 2007**

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1075	0.0%	778	0.0%	19546	21399	58.6%		58.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
<b>TOTALS</b>	<b>1075</b>	<b>0.0%</b>	<b>778</b>	<b>0.0%</b>	<b>19546</b>	<b>21399</b>	<b>58.6%</b>		<b>58.6%</b>	

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	37	20	0	0	0	0	0	0	37	20	57
45 to 59	9	3	0	0	0	0	0	0	9	3	12
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	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>47</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>47</b>	<b>23</b>	<b>70</b>

**TINLEY PARK MENTAL HEALTH CTR**

7400 WEST 183RD STREET

TINLEY PARK, IL. 60477

**Reference Numbers** Facility ID 8000017

Health Service Area 007 Planning Service Area 705

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	70	0	0	0	70
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>70</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	241	241
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	28	0	0	0	28
Hawaiian/Pac. Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	2	0	0	0	2
<b>Total</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>70</b>

  

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	2	0	0	0	2
<b>Total</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>70</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	16.00
Physicians	11.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	1.00
Certified Aides	0.00
Other Health Staff	66.00
Non-Health Staff	65.00
<b>Totals</b>	<b>192.00</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
2.2%	0.1%	96.7%	0.0%	1.0%	100.0%		92.9%
466,400	24,900	20,388,597	0	204,300	21,084,197	19,593,431	